



INSTRUCTIONS FOR SYSTEMATIC EXCHANGE PROGRAM

DEALER INFORMATION

Advisor Name		Dealer phone number	
Dealer Name		Dealer Code	Advisor Code

1. ACCOUNT TYPE

<input type="checkbox"/> New Account	<input type="checkbox"/> Existing Account	RGP Investments Account #		Dealer Account #	
--------------------------------------	---	---------------------------	--	------------------	--

2. CLIENT/ANNUITANT INFORMATION

Language Preference (If no language preference is indicated, English will be selected.)	<input type="checkbox"/> English	<input type="checkbox"/> French
---	----------------------------------	---------------------------------

Please check one	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.	Occupation	
Last Name					First Name	
Social Insurance Number					Date of Birth	day month year
Address						
City / Province					Postal Code	
Home Phone					Employer Phone	
Email Address						

3. SYSTEMATIC EXCHANGE PROGRAM - for automatic exchanges allowed between investments

<input type="checkbox"/> Transfer from one fund to another fund within the same account	<input type="checkbox"/> Transferring funds from one account to another
From account #	To account #
Frequency - check one box only:	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Every two months <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually
Commencement Date:	Second date of the month (if applicable):
M M M M D D Y Y Y Y	D D End date (if applicable): M M M M D D Y Y Y Y

Note: The automatic exchange program will automatically terminate when the original fund balance is less than the requested transfer amount.

Funds

From Fund Code	From Fund Name	To Fund Code	To Fund Name	Amount

Important information:

Activation of the Systematic Exchange Program requires five (5) business days notice and changes to the Systematic Exchange Program require two (2) business days notice prior to the requested exchange or transfer date.

4. AUTHORIZATION

For this form to be valid:

- If it is a client account, it must be signed by all account holders, including joint holders.
- For a nominee or third-party account, authorization from the head office or the third party is required (seal and/or authorized signature).

I hereby request that RGP Investments Funds carry out the operations detailed in this form and have the securities registered to the names and addresses indicated in Section 2. I am fully aware of the terms under which transfers may be made to my Account and that in accordance with the Income Tax Act (Canada) and, if applicable, the Taxation Act (Québec), under which my Account is constituted and registered, tax may be payable on any eventual benefits from my Account or on any holdings of non-qualified investments in my Account.

I confirm that I have received a copy of the most recent fund facts for the fund(s) selected and I acknowledge that the operations set out above shall be carried out in accordance with the conditions outlined in these documents. I understand that the mutual funds are not insured under the Canada Deposit Insurance Corporation Act or any other provincial deposit insurance program. I declare that the information provided in this application is complete and true.

I authorize CIBC Mellon Trust Company to sell assets out of my Plan to pay any penalty taxes assessed. I have requested that this document be drawn in the English language. J'ai exigé que ce document soit rédigé en anglais.

5. SIGNATURES

Date	day month year	Your signature / Signature of annuitant (for registered accounts)	X Signature
Signature of joint applicant (if any)			X Signature
Accepted by RGP Investments Funds, as agent of CIBC Mellon			
Date	day month year	Signing Officer	X Signature



INVESTMENTS™

**SEND THE ORIGINAL OF YOUR DULY
SIGNED APPLICATION TO :**

RGP Investments Funds
Attn : ACCT ADMIN
c/o CIBC Mellon
1 York Street, Suite 900
Toronto, ON M5J 0B6 Canada

**OR FAX YOUR REQUEST
TO CIBC MELLON**

416 643-3616
or toll free : 1 855 884-0493
RKaccountadmin@cibcmellon.com

FOR ADDITIONAL INFORMATION, PLEASE CONTACT OUR CUSTOMER SERVICE:
INFO@RGPINV.COM OR 1 855 370-1077.

™ Trademark of R.E.G.A.R. Investment Management Inc.