



AGF Investments Inc.
 CIBC SQUARE, Tower One
 81 Bay Street, Suite 4000
 Toronto, Ontario M5J 0G1

Toll Free: 1 800 268-8583
 Fax: 1 888 329-4243

10% Free Amount Switch Consent and Disclosure Form

To: **AGF Investments Inc. ("AGF")**

Dealer name (the "dealer") _____

Dealer number _____

Advisor name _____

Advisor number _____

Client name _____

Joint client name (if applicable) _____

10% Free Amount:

Each calendar year, you can sell or switch up to 10% of the market value of the MF Series, Classic Series, Series T or Series V securities of AGF Funds you bought under the deferred sales charge ("DSC") option or low load option, without paying a deferred sales charge (provided you reinvest any dividends or distributions, as applicable, that you receive on your securities). This is referred to as the 10% free amount. Any unused 10% free amount in a given year cannot be carried over to the next year.

Account Holder(s) Acknowledgement and Authorization:

I/we hereby consent to the automatic switching of the 10% free amounts of my holdings of AGF Funds with a deferred or low load sales charge into units of the same mutual fund carrying a 0% front-end sales charge, for my/our accounts, as listed below:

Client account number(s)

I/we understand and acknowledge the following:

1. The 10% free amounts held in each of the accounts listed above will be automatically switched into the front-end version of the same fund. "Automatically" means that no further consent will be sought for the switching service. To discontinue the service, AGF will require my/our written instructions.
2. The switch(es) will occur annually, in December.
3. There is no cost for this service. Also, no short-term or frequent trading fees will be applied.
4. These switches are not taxable events.
5. The management expense ratio (MER) of the applicable AGF fund(s) will not change as a result of these switches.
6. Typically, the front-end sales charge units into which the deferred sales charge units are switched will entitle the registered dealer and/or investment advisor to a higher trailing commission.

Please refer to the simplified prospectus for AGF Group of Funds or the Fund Facts for further details about the trailing commission rates for the specific Fund(s) that you own.

X _____
 Client signature

Y	Y	Y	Y	M	M	D	D
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Date

X _____
 Joint client signature (if applicable)

Y	Y	Y	Y	M	M	D	D
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Date

X _____
 Advisor signature

Y	Y	Y	Y	M	M	D	D
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Date

Completion instructions:

1. Complete the 10% Free Amount Switch Consent Form.
2. Submit the original form for processing to AGF Investments Inc., CIBC SQUARE, Tower One, 81 Bay Street, Suite 4000, Toronto, Ontario M5J 0G1.
3. Retain a copy of the form for your records.
4. In addition to this form, standard documentation is required for nominee-held accounts.
5. If you have further questions, please call AGF Client Services at 1 800 268-8583.

Submit form to:

AGF Investments Inc.
CIBC SQUARE, Tower One
81 Bay Street, Suite 4000
Toronto, Ontario M5J 0G1

Toll Free: 1 800 268-8583
Telephone: 905 214-8203
Fax: 1 888 329-4243

