

Pre-Authorized Chequing Plan (PAC) Agreement

(not applicable for Locked-in RSP, LIRA, RIF, LIF, LRIF, PRIF, RLIF or RLSP account types)

1. Investor information

- New Account (a completed investment application is required) Existing Account

First name _____ Last name _____

OR Corporation, Trust or Association Name _____

Joint First Name (if applicable) _____ Joint Last Name (if applicable) _____

2. Pre-Authorized Chequing Plan (PAC) Instructions

We must receive this application five business days before making the first PAC.

The PACs amount is \$ _____

- Protect my PAC Deposits against inflation with an annual increase of (\$ or %): _____

Money will be transferred from the bank account provided with this application in the amount noted above, starting on (YYYY/MM/DD) ____ / ____ / ____ and continuing with the following frequency:

- Weekly Every two weeks (26 times a year) Twice a month* (24 times a year) Monthly Every 2 months Quarterly Semi-annually Annually One time

* Note: The frequency of twice a month will run on the 1st and 15th day monthly regardless of the start date entered above. If initially set up to run on a non-business day, the PAC will run on the next business day.

The PAC amount is to be invested in the fund(s) noted in the table below:

AGF Fund Code	AGF Fund Name	PAC Amount	Front-end Sales Charge
		%	%
_____	_____	_____ %	_____ %
_____	_____	_____ %	_____ %
_____	_____	_____ %	_____ %
_____	_____	_____ %	_____ %
_____	_____	_____ %	_____ %
_____	_____	_____ %	_____ %

Note: If the Fund Code does not match the Fund Name, the Fund Code will be considered correct and processed accordingly.

3. Banking Information

You may revoke or cancel your authorization at any time in writing or by phone provided we receive 3 business days' notice.

Money will be transferred from the bank account currently in our files unless new bank account information is provided in one of the following formats:

Embossed void cheque; Bank statement; Direct deposit/PAD form; On-line printout; or Letter from the bank

Bank account information in any format must be authorized by the bank account holder.

4. Terms and Conditions

By signing this form, you hereby waive any pre-notification requirements as specified by sections 16(a) and 17(a) and (b) of the Canadian Payments Association Rule H1 with regards to pre-authorized debits.

- You authorize AGF Investments Inc. ("AGF") to debit the bank account provided for the amount(s) and in the frequencies instructed. If additional space is required a separate sheet may be attached.
- If this is for your own personal investment, your debit will be considered a Personal Pre-authorized Debit (PAD) by Canadian Payments Association definition. If this is for business purposes, it will be considered a Business PAD.
- You have certain recourse rights if a debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this pre-authorized debit agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.payments.ca. You agree to release the financial institution of all liability if the revocation is not respected, except in the case of gross negligence by the financial institution.
- You confirm that all persons whose signatures are required to authorize transactions in the bank account provided have signed this agreement.
- AGF is authorized to accept changes to this agreement from my registered dealer or my financial advisor in accordance with the policies of that company, in accordance with the disclosure and authorization requirements of the CPA.
- Your authority is to remain in effect until AGF has received notification from you of any change or termination. You may change these instructions or cancel this plan at any time, provided that AGF receives at least 3 business days' notice by phone or by mail. You may obtain a sample cancellation

- form, or further information on your right to cancel a PAC agreement, at your financial institution or by visiting www.payments.ca.
- If you choose a one-time PAC/EFT transfer, this authorization will automatically terminate upon the completion of the PAC/EFT. Any subsequent one-time PAC/EFT request requires you to authorize a new pre-authorized debit agreement.
- We may terminate this agreement at any time by providing you at least 3 business days' notice. You acknowledge and agree that in the event one or more of the funds indicated in this Agreement are terminated, the terminating fund(s) will stop accepting additional investments including purchases through automatic investment services such as Pre-Authorized Chequing (PAC) plans and Systematic Switching Plans (SSP) on the date of the press release announcing such termination without additional notice.
- You agree that the information in this form will be shared with the financial institution, insofar as the disclosure of this information is directly related to and necessary for the proper application of the rules applicable for pre-authorized debits. You can also obtain further information regarding AGF's practices related to personal information, privacy, and information security by visiting www.agf.com.
- You acknowledge and agree that you are fully liable for any charges incurred if the debits cannot be made due to insufficient funds or any other reason for which you may be held accountable.
- If you are a Quebec resident, you confirm that you have been provided a copy of the application and Declaration of Trust in French and have expressly requested all documents and communications relating to the Plan to be in English.
- Si vous êtes un résident du Québec, vous confirmez avoir reçu une copie de la demande ainsi que la déclaration de fiducie en français et que vous avez expressément demandé que tous les documents et toutes les communications se rattachant à ce régime soient rédigés en anglais.

X _____
Applicant Signature

Y Y Y Y M M D D
Date

X _____
Joint Applicant Signature (if applicable)

Y Y Y Y M M D D
Date

X _____
Representative Signature

Y Y Y Y M M D D
Date

Dealer Name

Dealer/Rep Code

X _____
Dealer Authorization

Y Y Y Y M M D D
Date