

PRE-AUTHORIZED CHEQUING AGREEMENT

(Pre-Authorized Debit (PAD) Agreement)

(Not Applicable For Locked-In RSP, LIRA, RIF, LIF, LRIF, PRIF, RLIF, RLSP, or RDSP* Account Types)

*Please complete the RDSP Disability Assistance Payment and Pre-Authorized chequing form



MACKENZIE
Investments

1. PLAN INFORMATION

New Account*

Account Number

Existing Account

Account Number

*A completed application may be required.

2. PLANHOLDER INFORMATION – PLEASE PRINT

First Name

Last Name

Joint Planholder (if applicable) First Name

Joint Planholder (if applicable) Last Name

3. FUND SELECTION

FUND NUMBER	FUND NAME	AMOUNT (\$ OR %)	*RCS PURCHASE OPTION (✓)	**LL3 PURCHASE OPTION (✓)	†LL2 PURCHASE OPTION (✓)	††SCS SALES CHARGE %	PRE-AUTHORIZED CHEQUING PLAN (\$ OR %)
TOTAL:		\$					\$

* RCS – Redemption charge purchase option (Back end load)

** LL3 – Low-load 3 purchase option

† LL2 – Low-load 2 purchase option ††SCS – Sales charge option (Front end load)

To: _____ AND TO: Mackenzie Investments (Void Cheque Required)

Please stop existing PACs

Undersigned's Bank

Process my PAC purchase: Weekly Monthly Quarterly Annually
 Bi-Weekly¹ Semi-Monthly² Bi-Monthly³ Semi-Annually⁴

My first purchase is to commence DD MMM YYYY
Date

Protect my PAC deposits against inflation by an annual increment of _____ %

¹Once every 14 days ²15th and end of month ³Every other month ⁴Every six months

4. TERMS & CONDITIONS

- By signing this form, you (the bank account holder(s)) hereby waive any pre-notification requirements as specified by sections 15(a) and (b) of the Canadian Payments Association Rule H1 with respect to pre-authorized debits.
- You authorize Mackenzie Investments to debit the bank account provided for the amount(s) and in the frequencies instructed.
- 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. Monies transferred between CPA members will be considered a Funds Transfer 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.cdnpay.ca.
- You confirm that all persons whose signatures are required to authorize transactions in the bank account provided have signed this agreement.
- You may change these instructions or cancel this plan at any time, provided that Mackenzie Investments receives at least 10 business days notice by phone or by mail. To obtain a copy of a cancellation form or for more information regarding your right to cancel a pre-authorized debit agreement, please consult with your financial institution or visit the Canadian Payments Association website at www.cdnpay.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.
- Mackenzie Investments 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.
- 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 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.
- You have requested this application form and all other documents relating hereto to be in English. Vous avez exigé que ce formulaire et tous les documents y afférant soient rédigés en anglais.

5. AUTHORIZATION

_____	DD MMM YYYY	_____	_____
Bank Account Holder's/Plan Holder's Signature	Date	Advisor Name	Dealer/Advisor Code
_____	DD MMM YYYY	_____	_____
Joint Bank Account Holder's/Plan Holder's Signature	Date	Dealer Name	
_____	DD MMM YYYY	_____	DD MMM YYYY
Plan Holder's Signature (If Different From Bank Account Holder's)	Date	Dealer Authorization/Advisor Signature	Date