SYSTEMATIC WITHDRAWAL INSTRUCTION FORM

MACKENZIE Investments

To add or update a systematic withdrawal on non-registered and registered accounts.
Please complete applicable sections and client/advisor signature are required in section 5.

1. PLAN INFORMATION

Account Number

2. PLANHOLDER INFORMATION – Please print

First Name

Last Name

Joint Planholder First Name (if applicable)

Joint Planholder Last Name (if applicable)

3. SYSTEMATIC PAYMENT OPTIONS *(for non-registered accounts, tax free savings account or registered income plans)*

Please note payment details in section 4 is required.

Select One: ☐ Add (Complete 3.1, 3.3 and 3.4) ☐ Change (Complete 3.2) ☐ Stop (excludes RIF payout)

3.1: Systematic Withdrawal Plan (SWP) options

☐ One-time SWP on ➡ _____ for the amount of $ _____
Date (DD MMM YYYY)

☐ SWP/RIF payout is to start ➡ _____ Total amount per run date: $ _____
Date (DD MMM YYYY)

If this document is received in good order after this date, the first SWP will occur on the next scheduled run date.

Stop date _____ (if applicable).
Date (DD MMM YYYY)

☐ Select for Registered Income plans:

Payment:

☐ Minimum Annual Payment

☐ Maximum Annual Payment (for Quebec LIF holder: The Maximum option is only available for clients under 55 years of age.)

☐ Other: $ _____ or _____ % (*Percentage payouts will be the full percentage amount indicated and will be based on the previous year end market value, or account opening value if within the current year. Payments starting in the current year will be the full percentage requested divided across the remaining number of payments for the year. Subsequent years will be based on the previous year end market value split evenly across the scheduled payments based on the frequency chosen.) Please note you may only select % allocation on table 3.4 with this selection.

For RIFs, LIFs, RLIFs, PRIFs and LRIFs annual payment may not be less than the minimum amount, and for LIF, RLIF and LRIFs annual payment may not exceed the maximum amount permitted by law.

Withholding Tax:

☐ Special withholding tax **(must be at least the prescribed rate)**:

Federal tax rate _____ % Quebec only: Federal rate _____ % Provincial rate _____ %

☐ includes tax on minimum payment ☐ only amount above the minimum payment

3.2: Change Options

☐ Change amount from $ _____ to $ _____. (Complete 3.4 Fund Selections if applicable.)

☐ Change start date to ➡ _____
Date (DD MMM YYYY)

☐ Change frequency option (Complete 3.3)

☐ Change banking information (Complete section 4 and provide a new void cheque.)

3.3: Frequency Options

☐ Weekly[1] ☐ Monthly ☐ Quarterly ☐ Annually
☐ Bi-Weekly[2] ☐ Semi-Monthly[3] ☐ Bi-Monthly[4] ☐ Semi-Annually[5]

[1]Investment Accounts/TFSA only [2]Once every 14 days [3]Only on/around 15th and end of month [4]Every other month [5]Every 6 months

MACKENZIE Investments

3. SYSTEMATIC PAYMENT OPTIONS *(continued)*

3.4: Fund Selections

FUND CODE	FUND NAME	DOLLAR AMOUNT OR PERCENTAGE ☐$ ☐%
	TOTAL	

4. PAYMENT DETAILS

Please complete for Pre-Authorized Chequing Plans, Distributions and Systematic Withdrawal Plans.
ATTACH PRE-PRINTED VOID CHEQUE (Alternatively withdrawals may be paid via cheque)

☐ *Use banking info on file*

4.1: Banking Information

ATTACH PRE-PRINTED VOID CHEQUE (Alternatively withdrawals may be paid via cheque)

Bank Account Holder Name

Joint Bank Account Holder Name (if applicable)

X

Bank Account Holder Signature

X

Joint Bank Account Holder Signature (if applicable)

4.2: Mailing Information:

☐ Mail cheque to my address on file ☐ Mail cheque to alternative address:

Address

Apt No.

Address

Postal Code

City

Province

5. AUTHORIZATION

Client and Dealer must sign below to complete this form.
The parties have executed this Agreement intending to be bound by its terms

Account Holder Signature

Date (DD MMM YYYY)

AFFIX SIGNATURE GUARANTEE STAMP
FOR AMOUNTS $50,000 AND OVER, OR FOR
CHEQUE DELIVERING TO OTHER ADDRESS

Joint Account Holder Signature (if applicable)

Date (DD MMM YYYY)

Dealer Authorization/Advisor Signature

Date (DD MMM YYYY)

Dealer Name

Dealer Code

Advisor Name

Advisor Code

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CLEAR