COUNSEL | PORTFOLIO SERVICES

Investment Application

(One application must be completed per account)

Counsel Client Services

180 Queen Street West, Toronto, ON M5V 3K1

Tel: 416-934-7002 Toll Free: 1-877-216-4979

Fax: 416-922-5660 Toll Free Fax: 1-866-766-6623

Investment Application

T 1-877-216-4979 or 416-934-7002

F 1-866-766-6623 or 416 922-5660

1. PLAN INF	ORMATION – Pleas	e complete						
New Account	Existing Account	Account Number						
TYPE OF ACCOUN	NT - Please check							
Non-Registered (Investment Acc		rings Spousal RSP		ent Income Fund (RIF) – which of the following apply	► ☐ Spousal RIF	☐ Qualifyin	ıg RIF 📮 Non	-Qualifying RI
*Locked-in Reting Savings Accou		Retirement	*Locked-in Retirem Account (LIRA)	nent "*Life Income Fund (LIF)	*Prescribed (PRIF)	RIF [*Restricted Savings Pl	
*Restricted Life	Income Fund (RLIF)	Group R	SP					
 * Locked-in Plan,	please complete			Group RSF	Name and Employer	Name		
A Spousal Inform	nation – Please select one			C My plan is a new Onto	ario LIF.			
	arried or living common law. d or living common law. me			☐ I wish to withdraw, transferred into my withdrawal/transfe	/ plan. I attach the re			
B Please attach a	spousal consent/waiver form			☐ I do not wish to wi		RSP or RIF u	p to 50% of th	e assets
governed by Al legislation.	berta, British Columbia, Man	toba or Saskatchewan	pension	transferred into my D My Plan is a RLIF and I	•	or above at th	ne date of this a	onlication
icgisiation.				☐ I wish to transfer to	-		-	· ·
				plan. I attach the re	equired documents	to authorize t	his transfer.	
				☐ I do not wish to wi transferred into m		RSP or RIF u	p to 50% of th	e assets
		TANDODA (ATTIC	NAT - 21		, pluii.			
2. PLANHOI	LDER/ANNUITANT	INFORMATIC	JIN – Please pri	int		Socia	ıl Insurance Nu	mber
☐ Mr. ☐ Mrs. —	ast Name			(<u>)</u> Home Telephone			Data of Birth	
🖵 Miss 🗔 Ms. L 🖵 Dr.	ast Ivallic			()			Date of Birth	
F	irst Name and Initials			Business Telephone		Day	Month	Year
OR C	ORPORATION/TRUST (attach	corporate resolution o	or trust document)	Business/Trust Identificatio	n Number			
Address			Apt. No.	Email Address (not manda	tory)			
			Postal Code	Business No.				
APPLICABLE TO R	EGISTERED PLANS		rostar code	Business ivo.			al Insurance Nu Contributing Sp	
Contributing Spouse	e's Last Name		First Name			Date of Bir	th of Contribut	ing Spouse
Address: San	ne as Planholder OR					Day	Month	Year
COMPLETE IF APPI	LICABLE *Joint Tenants wi	th Rights of Survivorship	Tenants in Co	ommon 🔲 In Trust For		Socia	al Insurance Nu	mber
			nclude Signing Autho	rity Corporation Sole-P Formal Trust	ropietorship		Tenant or ITF be	
Last Name and First N	ame					Date of	Birth of ITF Be	neficiary I
Address						Day	Month	Year
3. DEALER/	AGENT INFORMAT	ION						
Dealer Number	Representative Nur		e	Rep	resentative Name			
Dealer Account Nun	nber Dealer Authorized	Signature			Date			

Direct Purchase	nvestments in the funds tha			plan(s) 🖈	Func	Account Number		
Fund Number	Fund Name	Purchase \$ or %	Sales Charge %	Pre-Authorized Debit Plan (\$ OR %)	Systematic Withdrawal Plan % or \$ (Gross)	Commission Rebate (if applicable)*	Wire Order Number	Series D or F
CGF CGF				, ,	, ,			
CGF CGF								
GF								
GF								
GF								
GF CGF								
<u> </u>								
	NHOLDER AUTHORIZATION FO			Now complete Section 6 advisory fee	Section 7 * If Commission reba	ate is to be allocated		
om my account o units of Fund Na	on the basis set out in your Simp	olified Prospectus by red	eeming a suf	ficient number		please specity: TED ADVISORY FEE (0- dicate in 5bp intervals,		
ifficient units, Couns	sel will redeem units of the fund wi	th the highest market value	in your accour	nt).	(1 icase IIIi	חוונכועמוג,	- Claust 090.)	
further authorize	and direct Counsel to remit this	advisory fee directly to i	my dealer.	~				
anholder Signatu	re							
Please check the	his box if you wish to receive	confirmations of syst	ematic trans	sactions or distribu	tions. Systematic t	transactions and dist	ributions are re	ported
DISTRIBU	TION OPTION FOR	COUNSEL FUN	DS					
ldress	other account		□ send ch	neque to me and mai reque to the address	•	ess ———————————————————————————————————		
_	ny reinvested distributions to the nt Number	., .		ount Number				
OM Fund/Accour				ount Number				
•	ght under a RC or LL purchase o				radamatian unita	Way cannot receive cas	h distributions on	unita h
in Counsel-spor I understand th is contained in purchase option	nsored registered tax plans, thes nat my dealer will be paid a hi the funds' Simplified Prospec n (SC) of the same fund. HORIZED DEBIT PL	e distributions must be r igher trail commission a tuses. This transfer is n	einvested in after the trai ot a taxable	additional units of th nsfer: generally 0.5 event only when tra	e Fund. % on fixed income ansfers of free red	funds and 1% on all emption units are mo	others. More inf ved to the sales	ormatic
	Undersigned's ba							D
	Undersigned's ba	nk				s mei (t eta epetimen		,
equency (please o		Bi-Weekly	Semi-	Monthly* and end of month	Monthly	Bi-Monthly		
	Quarterly	Semi-Annually	Annua	ally	Start Date	Day Month	Year	
lation Fighter P	AD							
ease increase my F	PAD by (<i>indicate by \$ or %</i>)	annı	ually based o	•	date of when the F January 1 each year	PAD started or		
	e and request Counsel Portfolio ed to another branch of the Ban			unt at the Bank name	ed above, whether th			
Signature(s) of a the Bank Record	all Depositor(s) as shown in	 Date		Joint Bank A	sccount Holder's Sig	nature		

7. SYSTEMATIO I understand that: For RIFs, LIFs, RLIFs r permitted by law. I sele	my annual payment ma			IFs, LIFs, RLIFs my annual pay	ment may not exce		nount
Minimum amount	Maximum a	mount	Minimum calculation is	s to be based on:	Da	•	Year
	_			ne age of my spouse 👄		1	
	_	nd DDIF navment or	,	al amount I selected in secti	on /		
Weekly* Bi-We	eekly Semi-Monthly	y Monthly Bi-A	Monthly Quarterly Se	mi-Annually Annually; with	the first Da	y Month	Year
I wish my payments	to be:			payment to co			
A Mailed to me	B Depos	sit directly to my bank	account - Void specimen ch	eque attached C	Mail to the ad	dress below	
Address	the description on the lawse	rtmont Assount I may	instruct you in writing to (a)	change the frequency of the op-	otions pormitted (b) shanga tha amau	at of paymont
or (c) redeem sufficien capital appreciation wil * Only available for ir	t securities to provide r I eventually exhaust my	me with additional payr	ment in whatever amount I m	ay specify. I understand that reg	ular withdrawals in	excess of distributio	ns and net
8. SYSTEMAT	IC TRANSFER/	EXCHANGE P	ROGRAM INSTRU	CTIONS			
Frequency	Week	ly 🔲 Bi-W	/eekly Semi-Mor	nthly Monthly	Da	y Month	Year
(please choose one):	Bi-Mo	<i>'</i> =	·	· ·	art Date ▽>	, 	
Transfer my free as		,	·	om my investment account to			
Transfer the amount	•			TO Fund/A			Exchange Fee
from one fund to	•						
another as follows:	•		•	TO Fund/A			
* I understand that my in the funds' Simplifi	dealer will be paid a led Prospectuses. This	higher trail commissio transfer is not a taxabl	n after the transfer: generally e event only when transfers o	y 0.5% on fixed income funds a of free redemption units are m	and 1% on all other oved to the sales ch	rs. More information narge option (SC) of	n is contained the same fund.
9. DOLLAR C	OST AVERAGI	NG (DCA)					
A Starting Fund	Starting Fund Code	Check appropriate box	Fund Name	Amount (\$)	Sales Charge (%)]	
				7			
	004* 🖵		Counsel Money Market SC	7 (4)			
	004*		Counsel Money Market SC Counsel Money Market RC	(4)	N/A		
				, meant (4)		* Minimum purcha	ase amount \$500
R Allocation Instru	204* - 304* -		Counsel Money Market RC	Tancana (4)	N/A	* Minimum purcha	ase amount \$500
B Allocation Instru	204*	Year	Counsel Money Market RC Counsel Money Market LL		N/A N/A	_	ase amount \$500
B Allocation Instru	204* - 304* -	Year To	Counsel Money Market RC Counsel Money Market LL End 6 Months	Frequency (please choose one):	N/A N/A Weekly	* Minimum purcha	ase amount \$500
Start Date	204*	Year To	Counsel Money Market RC Counsel Money Market LL	Frequency (please choose one):	N/A N/A Weekly	_	ase amount \$500
	204*	Year To	Counsel Money Market RC Counsel Money Market LL End 6 Months	Frequency	N/A N/A Weekly	_	ase amount \$500
Start Date	204*	Year To	Counsel Money Market RC Counsel Money Market LL End 6 Months	Frequency (please choose one):	N/A N/A Weekly	_	
Start Date	204*	Year To	Counsel Money Market RC Counsel Money Market LL End 6 Months	Frequency (please choose one):	N/A N/A Weekly	_	
Start Date	204*	Year To	Counsel Money Market RC Counsel Money Market LL End 6 Months	Frequency (please choose one):	N/A N/A Weekly	_	
Start Date	204*	Year To	Counsel Money Market RC Counsel Money Market LL End 6 Months	Frequency (please choose one):	N/A N/A Weekly	Monthly	%
Start Date	204*	Year To	Counsel Money Market RC Counsel Money Market LL End 6 Months	Frequency (please choose one):	N/A N/A Weekly	_	%
Start Date Target Fund(s) Please make regular sy shown. Please note the systematic switches or next eligible business of	204* 304* 304* Day Month Fund Code witches or withdrawals at switches under Cour withdrawals from the Sday. At the end of the Day terminate your DCA states.	from the Starting Fund seel DCA Service must Starting Fund to the Ta DCA service any distrib service at any time by the service a	Counsel Money Market RC Counsel Money Market LL End 6 Months 12 Months I specified in Section A, to unibe within the same purchase rget Fund(s). Where the selecutions or interest paid on the	Frequency (please choose one):	N/A N/A N/A Weekly Bi-Monthly icated above ("Targhe switch or withdrs not a business day the Target Fund in	TOTAL: get Fund(s)"), in the awal amounts are py, the switch will be Section B with the	% 100% percentages ro-rated moved to the lowest fund
Please make regular sy shown. Please note tha systematic switches or next eligible business code number. You may further switches or with	204*	from the Starting Fund asel DCA Service must Starting Fund to the Tal DCA service any distribuservice at any time by iting Fund at any time.	Counsel Money Market RC Counsel Money Market LL End 6 Months 12 Months I specified in Section A, to unibe within the same purchase rget Fund(s). Where the selecutions or interest paid on the	Frequency (please choose one): Fund Name ts of Counsel mutual funds ind option (SC to SC, RC to RC). T ted switch or withdrawal date is Starting Fund will be moved to ur holdings in the Starting Fund	N/A N/A N/A Weekly Bi-Monthly icated above ("Targhe switch or withdrs not a business day the Target Fund in	TOTAL: get Fund(s)"), in the awal amounts are py, the switch will be Section B with the	% 100% percentages ro-rated moved to the lowest fund
Please make regular syshown. Please note that systematic switches or next eligible business a code number. You man further switches or with the systematic switches or with the systematic switches or with systematic switches or with systematic switches or with the systematic switches or systematic switches or switches	zou4*	from the Starting Fund sel DCA Service must Starting Fund to the Tar DCA service any distrib service at any time by ting Fund at any time. ION — Applicable spouse*, if living at my eive my interest in this at method for my spour Successor Annuitant (Payments to the survi	Counsel Money Market RC Counsel Money Market LL 6 Months 12 Months 12 Months Lispecified in Section A, to universel be within the same purchase rget Fund(s). Where the selectutions or interest paid on the redeeming or withdrawing your example only to Counsel Registered ise. Continued Periodic ving spouse - not	Frequency (please choose one): Fund Name ts of Counsel mutual funds ind option (SC to SC, RC to RC). T ted switch or withdrawal date is Starting Fund will be moved to ur holdings in the Starting Fund	N/A N/A N/A N/A Weekly Bi-Monthly icated above ("Targ he switch or withdr s not a business da the Target Fund in d. You may also pro	TOTAL: get Fund(s)"), in the awal amounts are py, the switch will be Section B with the vide us with instructuse and my spouse signate the following titled to receive my	percentages ro-rated moved to the lowest fund tions to stop
Please make regular sy shown. Please note tha systematic switches or next eligible business code number. You may further switches or witl 10. BENEFICIA A In the event of my beneficiary and the Plan(s), and I select Surviving Spouse	zou4*	from the Starting Fund asel DCA Service must Starting Fund to the Tail DCA service any distributing Fund at any time. ION — Applicable spouse*, if living at my eive my interest in this at method for my spour Successor Annuitant (Payments to the surviavailable for RSPs, RLS)	Counsel Money Market RC Counsel Money Market LL End 6 Months 12 Months 12 Months A specified in Section A, to unive within the same purchase reget Fund(s). Where the selectutions or interest paid on the redeeming or withdrawing your end to Counsel Registered as my Counsel Registered as my Counsel Registered as my Continued Periodic ving spouse - not SPs, LRSPs and LIRAs)	Frequency (please choose one): Fund Name ts of Counsel mutual funds ind option (SC to SC, RC to RC). T ted switch or withdrawal date is Starting Fund will be moved to ur holdings in the Starting Fund to the benefits under this my designated beneficiary Counsel Registered Plan(s, this designation.	N/A N/A N/A N/A Weekly Bi-Monthly icated above ("Targhe switch or withdrs not a business day the Target Fund in d. You may also product designated a spot Plan**, I hereby desand the person en d., if living at my dea	TOTAL: get Fund(s)"), in the awal amounts are p y, the switch will be Section B with the vide us with instructuse and my spouse signate the following titled to receive my ath. I reserve the right	percentages ro-rated moved to the lowest fund tions to stop
Please make regular syshown. Please note that systematic switches or next eligible business a code number. You man further switches or with the systematic switches or with the systematic switches or with systematic switches or with systematic switches or with the systematic switches or systematic switches or switches	zou4*	from the Starting Fund asel DCA Service must Starting Fund to the Tail DCA service any distributing Fund at any time. ION — Applicable spouse*, if living at my eive my interest in this at method for my spour Successor Annuitant (Payments to the surviavailable for RSPs, RLS)	Counsel Money Market RC Counsel Money Market LL 6 Months 12 Months 12 Months Lispecified in Section A, to universel be within the same purchase rget Fund(s). Where the selectutions or interest paid on the redeeming or withdrawing your example only to Counsel Registered ise. Continued Periodic ving spouse - not	Frequency (please choose one): Fund Name ts of Counsel mutual funds ind option (SC to SC, RC to RC). Ted switch or withdrawal date is Starting Fund will be moved to ur holdings in the Starting Fund to the benefits under this I my designated beneficiary Counsel Registered Plans.	N/A N/A N/A N/A Weekly Bi-Monthly icated above ("Targhe switch or withdrs not a business day the Target Fund in d. You may also product designated a spot Plan**, I hereby desand the person en d., if living at my dea	TOTAL: get Fund(s)"), in the awal amounts are p y, the switch will be Section B with the vide us with instructuse and my spouse signate the following titled to receive my ath. I reserve the right	percentages ro-rated moved to the lowest fund tions to stop

In the absence of a designated beneficiary, the proceeds of this Plan will be paid to your Estate. The designation of a beneficiary is subject to the laws of each jurisdiction.

* Spouse refers to a person recognized as your spouse or common-law partner for the purposes of the *Income Tax Act* (Canada).

** Your spouse may automatically be entitled to benefits under your LRSP, LIRA, RLSP, RLIF, LIF, PRIF or LRIF.

Fund Name (please list each fund once only)						Fun	d Code*	Target Allocation (%)
					Total Po	ortfolio		100%
Completing the 'Fund Code' column is mandato participate in this ADR Service if they are listed abo		es. Every fu	ınd (whether by	series, or by load	structure) in you	r account that sh	nare the same	e fund name, will
Note: Series I units of Counsel Funds or Portfolio Series P units of Counsel Funds or Portfolio Investments in Series C will be automatica	ios are not eligible fo	or inclusion	in the ADR serv	ice.	sel Funds or Port	folios.		
REBALANCING: Rebalancing will be completed ADR service, your portfolio may be rebalanced to	based on the freque	ency and ra	ange selected bel	ow. Depending o			ber of investr	ment solutions within you
requency (please select one) Quarterly Semi-Annually	Annually							
Range % (please select one)								
0.0 1.0 2.0	3.0	4.0	5.0	6.0	7.0	8.0	9	0 10.0
0.5 1.5 2.5	3.5	4.5	5.5	6.5	7.5	8.5		0.5
irst Rebalancing Date: (First rebalance must occu	r after initial trades h	nave settled	f):					
2.AUTHORIZATION SIGNATU								
To: Counsel Portfolio Services Inc.: I have engage from my original purchase amount. If I choose the regree that I may be required to pay a redemption of the paid to the dealer on my behalf. If I am transferring sont complete, I authorize Counsel Portfolio Servi understand that as agent for the funds, Counsel results.	edemption charge p narge upon withdraw ng a registered plan f ces Inc. to invest my	urchase op al, as specif rom anotho money in	tion (RC), I reque fied. In addition, I er financial institut Counsel Money N	st that the sales co authorize the payr ion to Counsel, a Market so that I wi	ommission descri ment of the trailin nd Counsel receiv ill earn interest un	bed in the Simpli g sales commissi ves payment for r til my order is co	fied Prospecti ons describec ny securities l mplete.	us be paid to the dealer and in the Simplified Prospect out the rest of my application.
orospectus of the fund(s) ordered. To B2B Trustco for a Registered Plan: I herebes indicated in Part 1 and request that you apply for this application including any applicable locking et forth on the reverse and forming a part of this under the Income Tax Act (Canada) and under an information contained in this Plan application is contained.	or registration of the g-in addendum. I he application and any ny applicable provinc	Plan undereby declar applicable ial tax legis	er the <i>Income Tax</i> ee and acknowled locking-in adder slation; the assets	<i>: Act</i> (Canada). I a lge that: I have re ndum: I am aware	agree to the termed and agree to be that benefits pa	s and conditions comply with the id out under the	s of the Decla "Declaration Plan may be	ration of Trust on the bac of Trust"governing the Pl included in my income
Privacy Protection Notification: By signing thi to my personal information being collected, held, information concerning my spouse and/or my be	s application form, I used and disclosed	acknowled	lge reading the P I in the ways and	for the purposes	s identified in the	ne reverse side c Privacy Protection	f this applica on Notificatio	tion form and I consent n. If I have provided
REGISTERED PLAN				INVESTMEN	T ACCOUNT			
Planholder Signature	Date	Ir	ivestment Acco	untholder Signa		Date		B2B Trustco
*Signature of Planholder Spouse/	_	_	oint Investment				_ _	

* Mandatory for LIF or LRIF governed by ON, NFLD & Labrador, and Nova Scotia Pension legislation Authorized Signature of Acceptance