



Investment
Management™

COUNSEL | PORTFOLIOS

IMPORTANT NOTICE

Effective October 1, 2024, Counsel Portfolio Services Inc. and Canada Life Investment Management Ltd. have amalgamated to form Canada Life Investment Management Ltd. (CLIML). CLIML will now act as the fund manager, portfolio manager, trustee, and promoter for all Counsel funds. This change does not impact the management of the Counsel funds, and no action is required on your part.

Updating websites, materials, and forms to reflect this change will take some time. Until then, any references to Counsel Portfolio Services Inc. – whether online, in banking transactions or in print, including materials accompanying this notice – should be understood as referring to Canada Life Investment Management Ltd.

Please keep this notice with your records.

PRE-AUTHORIZED CHEQUING AGREEMENT

(Pre-Authorized Debit (PAD) Agreement) (Not Applicable For Locked-In RSP, LIRA, RIF, LIF, LRIF, PRIF, RLIF or RLSP Account Types)

1. PLAN INFORMATION

New Account (A completed application may be required.) Existing Account

Account Number

2. PLANHOLDER INFORMATION – PLEASE PRINT

First Name

Last Name

Joint Planholder First Name (if applicable)

Joint Planholder Last Name (if applicable)

3. PRE-AUTHORIZED DEBIT (PAD) OPTIONS

Select One: Add Change Stop

3.1: One-time Purchase on _____ Month _____ Day _____ Year for \$ _____ (Request will be processed at current if no date is provided)

3.2: Frequency for recurring PAD

Weekly Monthly Quarterly Annually
 Bi-Weekly¹ Semi-Monthly² Bi-Monthly³ Semi-Annually⁴

Protect PAD against inflation by an annual _____ Month _____ Day _____ Year increment of % _____ or \$ _____ starting from _____

My first purchase is to commence _____ Month _____ Day _____ Year

Total amount per run date: \$ _____

3.3: Fund Selection

FUND CODE	FUND NAME	AMOUNT (\$ OR %)			SALES COMMISSION (%)
		\$	%		
		\$	%		
		\$	%		
		\$	%		
		\$	%		
		\$	%		
Totals				\$ 0	%

4. BANKING

Use banking info on file

4.1: Banking Information

PROVIDE PROOF OF BANKING

Name of Financial Institution

Transit Number

Bank Code

Account Number

Bank Account Holder Name

Joint Bank Account Holder Name (if applicable)

Bank Account Holder Signature

Joint Bank Account Holder Signature (if applicable)

5. TERMS & CONDITIONS

- a) **By signing this agreement, you hereby waive any confirmation and pre-notification requirements as specified by section 17 of the Canadian Payments Association Rule H1 with regards to pre-authorized debit (PADs).**
- b) You authorize Counsel Portfolio Services Inc. (Counsel) to debit the bank account(s) provided for the amount(s) and in the frequencies instructed.
- c) If this is for your own personal investment, your debit will be considered a Personal PAD by the Canadian Payments Association (CPA) 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.
- d) If this is for a one-time PAD agreement, only a single one-time PAD is permitted. Your authority is to remain in effect until the one-time PAD is completed, at which time this PAD agreement for the one-time request will automatically terminate.
- e) You acknowledge that for a one-time PAD, the Payor's PAD is no longer valid once the payment has been fulfilled. Any subsequent PAD request requires a newly authorized Payor's PAD agreement.
- f) You have certain recourse rights if any debit does not comply with this PAD agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.payments.ca.
- g) You confirm that all persons whose signatures are required to authorize transactions in the bank account(s) provided have signed this agreement.
- h) You may change these instructions or cancel this plan at any time, provided that Counsel receives at least 10 (ten) business days' notice by phone or by mail. You can also obtain further information regarding the Counsel's practices related to personal information, privacy, and information security. Contact information for Counsel can be found below. 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.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.
- i) Counsel may cease issuing your PAD agreement in accordance with Rule H1.
- j) Counsel is authorized to accept changes to this agreement from your registered dealer or your financial advisor in accordance with the policies of that company, in accordance with the disclosure and authorization requirements of the CPA.
- k) 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.
- l) 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.
- m) **For Quebec clients only/Pour les clients et clientes du Québec seulement:** You acknowledge to have received the French version of this PAD agreement and that you have chosen to complete the English version of this document and requested that all related current and future documents be provided in English. Vous reconnaissez avoir reçu la version française de la présente entente de DPA, avoir choisi de remplir la version anglaise du document et avoir demandé à ce que tous les documents connexes actuels et futurs vous soient fournis en anglais.

Revised: December 2023

6. AUTHORIZATION

_____	_____	_____	_____
Bank Account Holder's/Plan Holder's Signature	Date (dd/mm/yyyy)	Representative Name	Dealer/Rep Code
_____	_____	_____	_____
Joint Bank Account Holder's/Plan Holder's Signature	Date (dd/mm/yyyy)	Dealer Name	
_____	_____	_____	_____
Plan Holder's Signature (If Different From Bank Account Holder's)	Date (dd/mm/yyyy)	Dealer Authorized Signature	Date (dd/mm/yyyy)