

Send completed forms to: TD Mutual Funds, C/O Mutual Fund Operations, 77 Bloor Street West, 6th Floor, Toronto, ON M5S 1M2

1. Account Holder Information

Account Number	Account Holder's Name Given Name Initial(s) Family Name
	Joint Owner (if applicable) Given Name Initial(s) Family Name

2. Dealer/Representative Information

Dealer Name	Dealer Number	Representative Name	Representative Phone #	Representative Number
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3. Additional Deposit †

Amount \$ cheque copy of Registered (T2033) transfer instructions attached
* Provide transaction information below. Make cheques payable to: TD Mutual Funds

4. *Redemption ††** Full Redemption or Partial Redemption Gross Amount \$

Settlement Direction Bank account on file Cheque payable to the account holder
* Provide transaction information below. †† For RESP withdrawals, please complete the Registered Education Savings Plan Withdrawal Form.

5. Transaction Information

Fund/Portfolio Number	Fund/Portfolio Name	Gross \$ Amount or Units	ISC	DSC	LSC	LSC 2	Sales Charge %	Wire Order #	Pre-Authorized Chequing Plan Amount	Systematic Withdrawal Plan, RIF, LIF, LRIF, PRIF, RLSP, RLIF Payment Amount or Percentage
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$ %
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$ %
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$ %
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$ %
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$ %
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$ %

ISC = Initial Sales Charge DSC = Deferred Sales Charge LSC = Low Sales Charge LSC2 = Low Sales Charge 2

If this is backup documentation for FundServe Wire Order, please include the Wire Order # in the above table.

For contributions to an RESP Family Plan, please indicate how you would like the lump sum purchase allocated among the beneficiaries.

Use existing percentage allocation OR Apply the following allocation percentages for this one-time contribution.

Beneficiary Name	%	Beneficiary Name	%
Beneficiary Name	%	Beneficiary Name	%

6. Fund Switches Within Account (For All account Types)

From Fund #	Fund/Portfolio Name	All	Gross \$ Amount or Units	To Fund #	Fund/Portfolio Name
		<input type="checkbox"/> OR			
		<input type="checkbox"/> OR			
		<input type="checkbox"/> OR			

7. Transfers Between Accounts

From Account #	To Account #	Fund/Portfolio Number	Fund/Portfolio Name	All	Gross \$ Amount or Units
				<input type="checkbox"/> OR	
				<input type="checkbox"/> OR	
				<input type="checkbox"/> OR	

8. Pre-Authorized Contribution Plan (PAC) (Not applicable to Locked-in RSP/RIF/LIF/LRIF/PRIF or Restricted Locked-in RLSP, RLIF accounts.)

For RESP accounts, changes to the Pre-Authorized Chequing Plan instructions will not automatically amend the Investment Instructions for CESG. To amend CESG allocation, please complete Non-Financial Service Form.

New Cancel Change Hold Hold Until Date

Start Date Frequency: Weekly Bi-Weekly Semi-monthly* Monthly Bi-monthly** Quarterly Semi-annually Annually

Please indicate investment selection(s) in Section 5. Bank account will be debited for these transactions.
* Semi-monthly are purchases made on the 1st and 15th of each month, or first business day thereafter. ** Bi-monthly are purchases made every other month.

Pre-Authorized Payment Terms and Conditions

You agree to the provisions of these Pre-Authorized Payment Terms and Conditions (the "Authorization") and allow us to process one or more fund transfers as outlined in sections 4 and 6 of this Agreement and in this Authorization for business and/or personal purposes. This Authorization applies if your Financial Advisor or Dealer opens this Account for you in "Client Name". In any other circumstance, you will have a separate agreement with your Financial Advisor or Dealer that will outline how payments from your Bank Account (as defined below) are to be made for purchase and redemption transactions. You authorize us to debit your deposit account (the "Bank Account") at the financial institution indicated in section 9 of this Agreement (the "Deposit Bank") for payments and all other amounts owing to us under this Agreement. Payments for purchases originating from the Contributing Spouse's Bank Account in the case of a Spousal RSP, and in all other cases debits made to pay any amount owing to us under this Agreement shall be processed as Personal PADs, as defined by the Canadian Payments Association. If you are a corporation or other entity, amounts debited to pay any amount owing to us under this Agreement shall be processed as Business PADs. In most other cases, funds will be transferred from the Bank Account held by you directly to the TD Mutual Funds Account that is the subject of this Agreement, in which case, the debit will be processed as a Funds Transfer PAD. You hereby assure us and warrant that all persons whose signatures are required to debit the Bank Account are providing this Authorization or have provided a separate authorization. This Authorization may be cancelled at any time upon 30 days prior notice. Such notice may be in writing or may be given orally (if we are able to verify your identity). To obtain a sample cancellation form or for more information regarding your right to cancel this Authorization, please consult with your financial institution or visit www.cdnpay.ca. Revocation of this Authorization does not terminate any part of this Agreement and does not relieve you of your obligations to pay the amounts owing under the Agreement. You will inform us in writing of any change in the Bank Account at least 10 days prior to the next regularly scheduled debit, and in the case of debits occurring on a frequency less than 10 days, this Authorization shall be amended by us in respect of debits occurring 10 days from receipt of your notice to us of the change. Delivery of this Authorization to us constitutes delivery by you to the Deposit Bank. The Deposit Bank is not required to verify that a debit to the Bank Account has been made in accordance with this Authorization including, but not limited to, the amount and fulfillment of purpose. You have certain recourse rights if any debit does not comply with this Authorization. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Authorization. In order to be reimbursed for any disputed debit made to your Bank Account in the case of a Personal PAD or Business PAD, a declaration must be completed and sent to the Deposit Bank not more than 90 calendar days or 10 business days respectively after the date on which the disputed transaction was posted to your Bank account. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca. In the case of all Business PADs and Personal PADs, by signing this Authorization, you hereby waive any pre-notification requirements as specified by sections 15(a) and (b) of the Canadian Payments Association Rule H1, which require us to provide you with a separate summary of your instructions in sections 4 and 6 of this Agreement, and any changes thereto 10 calendar days prior to acting upon them. You agree to keep a separate copy of this Agreement and record any modifications to your instructions in order to prevent any delays and/or denied transactions with respect to your fund transfer requests.

9. Systematic Withdrawal Plan (Non-Registered Accounts Only)

New Change Cancel

Start Date Frequency: Monthly Semi-annually Quarterly Annually

Gross Amount \$ (This must equal the total amount specified in Section 3.)

Payment method by: Cheque mailed to address Direct deposit to bank account

† If a "Limited Power of Attorney" (LPOA) is on file with TD Mutual funds, the owner's signature is not required, but the advisor's signature is required, provided that such LPOA has not been revoked or superceded.
***An Early Redemption Fee of 2% may be payable to the Fund, if units are sold within 30 days of purchase.

10. Change of Banking Information

Bank Account Holder Name(s)			
First Name	Last Name		
First Name		Last Name	
Financial Institution			
Name:		Address:	
Type of Account	Bank Account Number	Bank Number	Transit Number
<input type="checkbox"/> Chequing <input type="checkbox"/> Savings			

For chequing accounts, please attach a blank cheque marked "void".

11. RIF/LIF/LRIF/PRIF/RLSP/RLIF Payment Options and Instructions

Next Payment Date	Frequency:	<input type="checkbox"/> Monthly	<input type="checkbox"/> Semi-annually	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually
<small>MM/DD/YYYY</small>					

1. Gross Amount* \$ Minimum Amount Maximum Amount

* This amount must equal the total amount specified in Section 5. For RIFs, LIFs, LRIFs, and PRIFs, payment may not be less than the minimum amount. If the amount specified is less than the calculated minimum, the annual minimum amount will be paid. For LIFs and LRIFs, payment may not exceed the maximum amount permitted by law.

2. Withholding tax: Extra Tax \$ per payment Total Tax % per payment

(Optional)
Payments in excess of the minimum amount are subject to withholding tax, even if no selection is made.

3. Withdrawal Instructions:

- Largest Fund - withdrawal will be made from the fund with the largest balance based on the market value at the time of each payment.
- Pro-Rate - withdrawal will be made proportionately from each fund based on the percentage weighting each fund holds of the total market value at the time of each payment.
- Flat Amount - withdrawal will be made from funds based on a flat amount. (Please indicate redemption selection(s) in Section 5.)
- Percentage - withdrawal will be made from funds based on a percentage. (Please indicate redemption selection(s) in section 5.)

4. Payment method by: Cheque mailed to address Direct deposit to bank account

12. Use of Information

We may collect your personal information from you or from third parties such as your Financial Advisor/Dealer. We may use your personal information to establish your account and serve you, or as required or permitted by law. We will only share your personal information with third parties with your consent, or as required or permitted by law, or to service your account. Personal information used to service your account will be shared, as reasonably necessary, with our suppliers and agents, and with your Financial Advisor/Dealer as recorded on our records from time to time. When you provide us with your Social Insurance Number, we may use it to keep your information separate from that of other customers with a similar name. You may obtain a copy of our privacy code by calling us at 1-800-588-8054.

13. Authorization

Account Holder's Signature	Advisor Signature (As witness or under LPOA as applicable)		
Joint Owner's Signature (if applicable)	Date <small>MM/DD/YYYY</small>	City	Province
Spouse or Common-law Partner's Signature for Locked-in Plans (if applicable)	Signature Guarantee Required for Redemptions or Systematic Withdrawal Plan		