

**IMPORTANT ASSOCIATE INSTRUCTIONS**

The DSC Rebate Request form **MUST** be presented to the fund company at the same time as the investment instructions/T2033. You should phone the relinquishing fund company first, to make sure you are not rebating more than the DSC fee, as well, be sure not to rebate more than the incoming commission for the new purchase. **Do not do any wire orders when doing a DSC Rebate. (Check with H.O. for electronic rebate instructions).** If these procedures are not followed the request will be rejected or L.O.I.s will be required which may result in a loss to the associate.

**HOW TO PROCEED**

1. Fax your branch manager or if processing through IPG HO, fax Carol Lemay the completed Rebate Form for approval and authorization. They will fax you back the approved form to attach to the investment instructions/T2033 that you are sending to the fund company.
2. Send the completed Rebate Form with the original copy of investment instructions/T2033 to the fund company or your branch for processing.

**DSC REBATE REQUEST DETAILS**

Client Name \_\_\_\_\_ S.I.N. \_\_\_\_\_

Name of Releasing Fund Company			
Account #			
Fund Name and #			
Approximate Redemption Fee \$	\$		
<b>Cheque amount of Purchase</b>	\$		
<b>Commission Rebate Amount</b> (cannot exceed DSC redemption fee)	\$	or	%

*I am aware that a capital gain or loss may be triggered upon redemption of the above fund(s). I also understand that my financial advisor is reimbursing part of the redemption charges as indicated above.*

X \_\_\_\_\_  
Client Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Associate's Name \_\_\_\_\_ Dealer- Rep # \_\_\_\_\_ X \_\_\_\_\_  
Associate's Signature

**INSTRUCTIONS FOR RECEIVING MUTUAL FUND COMPANY**

To: \_\_\_\_\_ Mutual Fund Company Name Re: account # \_\_\_\_\_

See attached:  Investment Instructions OR  T2033.

Please rebate \$ \_\_\_\_\_ to Fund # \_\_\_\_\_  
\$ \_\_\_\_\_ to Fund # \_\_\_\_\_  
\$ \_\_\_\_\_ to Fund # \_\_\_\_\_

MAXIMUM 3 FUNDS

If you have any questions, please call Carol Lemay at (613)738-3388.

X \_\_\_\_\_  
Branch Manager or Head Office Signature \_\_\_\_\_ Name of Authorized Person \_\_\_\_\_ Date \_\_\_\_\_