

AUTHORIZATION TO ACCESS CLIENT BANK ACCOUNT

1 PLANHOLDER REGISTRATION:

New Banking Modify Banking Delete Banking

Client Account No: (if required)

Account Holder: _____
Last Name First Name

Co-Account Holder: _____
(If joint) Last Name First Name

I/We hereby authorize NBCN Inc./National Bank Financial to debit/credit my/our Bank Account(s) as per the following instructions:

[Please check appropriate box and allow 5 business days notice for the Banking Information to take effect.]

2 INCOMING CASH FROM MY/OUR BANK ACCOUNT TO MY/OUR INVESTMENT OR REGISTERED ACCOUNT:

Funds Transfer PAD (Pre-authorized debit of cash, on a periodic or ONE-TIME basis, from my/our bank account to my/our investment account or registered plan)

Amount to be withdrawn from my/our Bank Account: \$ _____ . ____

Frequency: Daily Weekly Bi-Weekly Semi-Monthly Monthly Quarterly Semi-Annually

Start Date: _ _ _ _ _
MM D D Y Y Y Y

PAP (Pre-Authorized Payment of annual Administration Fee only)

3 OUTGOING CASH FROM MY/OUR INVESTMENT ACCOUNT TO MY/OUR BANK ACCOUNT:

EFT (Electronic Funds Transfer for the transfer of cash from my/our investment account to my/our bank account as requested)

IAG (Income Sweeping of interest and dividends via EFT from income generator account)

Frequency: Daily Weekly Bi-Weekly Semi-Monthly Monthly Quarterly Semi-Annually

Start Date: _ _ _ _ _
MM D D Y Y Y Y

4 FINANCIAL INSTITUTION INFORMATION: (Must be completed)

Name of Financial Institution

Branch Address (street address & city)

Province Postal Code

Bank Number

Transit Number

Account Number

Currency: CDN US

Notes: Attach a VOID personalized cheque. A copy of a corporate resolution is required for corporate accounts.

No third party - name on cheque must match name on investment or registered account.

5 SIGNATURE SECTION:

I/We hereby acknowledge having read and understood the terms and conditions on the reverse.

X _____
Client Signature

Date: _ _ _ _ _
M M D D Y Y Y Y

X _____
Client Signature

Date: _ _ _ _ _
M M D D Y Y Y Y

X _____
CN Member Firm Authorization (Print name & sign)

Date: _ _ _ _ _
M M D D Y Y Y Y

PAYORS AUTHORIZATION FOR PREAUTHORIZED DEBIT

1. We warrant that the information on the face of this document is accurate.
2. We acknowledge that the Authorization is provided for the benefit of NBCN and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against our bank account as listed on the face of this document (the "Bank Account") in accordance with the Rules of the Canadian Payments Association.
3. We warrant and guarantee that all persons whose signature are required to authorize withdrawals from the bank account have signed the Authorization and that all persons signing this Authorization are our authorized signing officers and are empowered to enter into this agreement.
4. We hereby authorize NBCN to issue Funds Transfer PAD's (as defined in Rule H-1 of the Rules of the Canadian Payments Association) drawn on our bank account for the purpose of contributing to our investment account.
5. We may cancel the Authorization at any time providing written notice to NBCN thirty (30) business days in advance of the termination date.
6. We may modify this agreement with regard to the information related to the processing financial institution at any time by providing NBCN with notice in writing at least five (5) business days before the date you wish the modification to become effective.
7. We may decide to change the amount (fixed) or frequency of the pre-authorized debits and will notify NBCN at least five (5) business days before the date you wish the modification to become effective.
8. We acknowledge that this agreement shall become effective no later than thirty (30) days after it is signed.
9. We waive prenotification requirements.
10. We acknowledge that provision and delivery of the Authorization to NBCN constitutes delivery by us to the Processing Institution. Any delivery of the Authorization to NBCN regardless of the method of delivery constitutes delivery by us.
11. We acknowledge that the Processing Institution is not required to verify that a Funds Transfer PAD has been issued in accordance with the particulars of the Authorization including, but not limited to, the amount, or that any purpose of payment for which the Funds Transfer PAD was issued has been fulfilled by the Payee as a condition of honoring a Funds Transfer PAD issued or caused to be issued by the Payee on the Account.
12. Revocation of the Authorization does not terminate any other agreement that exists between NBCN and us. The Authorization applies only to the method of payments and does not otherwise have any bearing on any other agreement.
13. No recourse will be provided through the clearing system of the Canadian Payments Association. The payor must seek recourse from the payee directly in the event that the Funds Transfer PAD is erroneously charged.
14. We agree that the information contained in the Authorization may be disclosed to the Processing Institution as required to complete any Funds Transfer PAD transaction.