

Name of Account holder: _____

Joint Account holder (if applicable): _____

Account # _____ Telephone number: _____

Please select a frequency for units to be purchased:

- Monthly on the 3rd day of the month
- Monthly on the 15th day of the month
- Semi-monthly on the 3rd & 15th days of the month

Start date: (mm/dd/yyyy) End date: (mm/dd/yyyy)

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Name of fund(s) to be purchased	Amount
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
Total	\$ _____

I/we authorize Leith Wheeler Investment Funds Ltd. to withdraw the above amount from my/our bank account for the purchase of the above listed fund(s). If the 3rd or the 15th of the month is not a business day, the said amount will be purchased on the next business day. I/we have attached a void cheque for the bank account from which the funds are to be drawn.

Account Holder's Signature: _____ **Date:** _____

Joint Account Holder's Signature: _____ **Date:** _____

Comments:

For Internal Use Only:

Approved Person's Signature: _____ Date: _____