



RRIF Payment Options

Agora Dealer Services Corp.
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Trade Fax: 1-888-642-4312

PLEASE SUBMIT AT LEAST TEN (10) DAYS PRIOR TO FIRST PAYMENT

1. ACCOUNT INFORMATION

CLIENT FIRST NAME	CLIENT LAST NAME	AGORA ACCOUNT NUMBER
DEALER NAME	ADVISOR NAME	DEALER / REP CODE

2. ACCOUNT TYPE

RRIF SPOUSAL RRIF LIF LRIF PRIF (SK) RLIF

3. PAYMENT INSTRUCTIONS

SELECT ONE: NEW CHANGE **EFFECTIVE DATE:** (MM/DD/YYYY) _____ (RRIF Payments ONLY run on 1st or 15th of the Month)

A: ANNUAL AMOUNT	B: MINIMUM AMOUNT BASED ON:	C: TAX RATE
<input type="checkbox"/> MINIMUM AMOUNT	<input type="checkbox"/> CLIENT AGE	<input type="checkbox"/> NONE
<input type="checkbox"/> MAXIMUM AMOUNT(LIF'S, LRIF'S & RLIF'S ONLY)	<input type="checkbox"/> SPOUSE AGE	(DEFAULT TAX RATE WILL APPLY ON ANY AMOUNTS OVER MINIMUM)
<input type="checkbox"/> OTHER AMOUNT \$ _____	_____	<input type="checkbox"/> TAX ON MINIMUM AMOUNT
<input type="checkbox"/> GROSS (SUBJECT TO ALLOWABLE LIMITS)	SPOUSE'S BIRTHDATE (MM/DD/YYYY)	<input type="checkbox"/> \$ _____ <input type="checkbox"/> _____ %
<input type="checkbox"/> NET (SUBJECT TO ALLOWABLE LIMITS)		<input type="checkbox"/> OTHER TAX AMOUNT
		<input type="checkbox"/> \$ _____ <input type="checkbox"/> _____ %

FREQUENCY: MONTHLY QUARTERLY (MAR, JUN, SEP, DEC) SEMI-ANNUALLY (MONTHS OF _____ AND _____) ANNUALLY ONE TIME

4. INVESTMENT SELECTION PER PAYMENT

ACTION	MUTUAL FUND CODE	MUTUAL FUND ACCOUNT NUMBER	AMOUNT*	PERCENTAGE**
			\$	%
			\$	%
			\$	%
			\$	%
ACTION REQUEST: (N) NEW, (I) INCREASE, (D) DECREASE, (S) STOP			TOTAL: \$	100 %

*ALLOCATING DOLLAR AMOUNTS FOR EACH FUND - AGORA DEALER SERVICES CORP. ("ADSC") WILL REQUIRE A RRIF PAYMENT OPTION FORM EVERY YEAR REFLECTING UPDATED RRIF PLAN VALUATIONS.
**ALLOCATING PERCENTAGES FOR EACH FUND - A NEW RRIF PAYMENT OPTION IS NOT REQUIRED UNLESS MAKING A CHANGE TO THE DISTRIBUTION.

5. SPECIAL INSTRUCTIONS

6. BANKING INFORMATION

ACTION REQUEST: NEW CHANGE **VOID CHEQUE OR BANK PRE-PRINTED FORM REQUIRED TO SET UP PAC (CANADIAN FUNDS ONLY)**

BANK NAME	BANK BRANCH ADDRESS
BANK NUMBER	BANK TRANSIT NUMBER
	BANK ACCOUNT NUMBER

7. AUTHORIZATION

PLEASE NOTE

- If scheduled payment date falls on a weekend date or Federal / Provincial holiday, funds will deposit on next business day.
- Withholding tax is applicable to all payments that exceed the legally required minimum withdrawal.
- For other tax rates chosen, user cannot specify a tax amount below the required CRA rates. Responsibility rests on the Client to ensure proper tax is requested, as all T4s issued at year end will reflect only tax paid.
- If the source of the cash is investment / dividend income or an asset redemption, these cash receipts should be scheduled in a minimum of 7 - 10 business days prior to the scheduled payment date.
- The RRIF payments may be suspended when there is not enough cash available. Minimum payments will be adjusted over the remaining frequency(ies). Any missed payment(s), that is/are over the Required Minimum payment amount, will not be made up through the scheduled payment processing. Those wishing the proceeds equivalent to the missed payment(s) are to request an unscheduled RRIF withdrawal, which is subject to the applicable taxes and processing fees (Please refer to the current Fee Schedule for details).

CHANGES TO PAYMENT SCHEDULE, once selected will remain in effect until further notice in writing is received by ADSC. The payment schedule can be changed one time per calendar year without charge. Subsequent changes are subject to a fee + applicable taxes. Please refer to the current Fee Schedule for details.

<input checked="" type="checkbox"/> _____ CLIENT SIGNATURE	_____ DATE (MM/DD/YYYY)	I understand that all payments will be issued via Electronic Funds Transfer (EFT) directly to the above noted Bank Account at no charge.
<input checked="" type="checkbox"/> _____ ADVISOR SIGNATURE	_____ DATE (MM/DD/YYYY)	<input checked="" type="checkbox"/> _____ DEALER AUTHORIZATION (MANDATORY)