



Monthly Contribution Plan Provides Convenient Contributions and Tax Saving Benefits

Please complete the Monthly Contribution Plan Authorization form below. TD Waterhouse Canada Inc. will arrange to automatically deduct contributions from your bank account as instructed for deposit to your Self-Directed Registered Plan.

Provide the form to your representative, or forward to: TD Waterhouse Cash Management Department
77 Bloor St. West, 7th Floor,
Toronto, Ontario, M5S 1M2

Monthly Contribution Plan Authorization

Name _____ Telephone (____) _____

Registered Plan Account: RSP¹ # _____ TFSA² # _____

Contribution Type: Planholder Spousal (not applicable to TFSA)

Banking Information: (include VOID cheque)

Bank # _____ Transit # _____ Account # _____

I authorize TD Waterhouse Canada Inc. to process a debit in paper, electronic or other form in the amount of \$ _____ to my account on the _____ day of each month, beginning _____ month _____ year .

I authorize that I have read and understood all the provisions contained in the terms and conditions of the pre-authorized payment authorization and that I have a received a copy.

Signature Date

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|---|
| Internal use only ACF2 Login ID: _____ TD Employee (please print) _____ |
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Monthly Contribution Plan Terms and Conditions

I authorize the payee to debit my account as indicated on the attached "VOID" cheque under the terms and conditions agreed to by me with the payee until such time as written notice to the contrary is given.

I acknowledge that delivery of my authorization to the payee constitutes delivery by me to the branch of the financial institution at which I maintain an account and that such financial institution is not required to verify that the payments are drawn in accordance with this authorization. Termination of this authorization does/may not terminate the contract for goods and services exchanged.

I acknowledge that the payee has the right in its sole discretion to terminate my authorization if, through no fault of its own, the payee is unable to debit the account in the full amount specified in the authorization on any due date.

I will notify the payee of any changes in the account information or termination of this authorization prior to the next due date of the pre-authorized debit.

Items charged under any of the following conditions will be reimbursed subject to written notification by me to the branch of account within 90 days:

- a) I never provided authorization to the payee.
- b) My pre-authorized debit was not drawn in accordance with my authorization.
- c) My authorization was revoked.
- d) The debit was posted to the wrong account due to invalid/incorrect account information supplied by the payee. I warrant that all persons whose signatures are requested to sign on this account have signed this agreement.

To invest your monthly contributions, please contact your local TD office

¹ Registered Retirement Savings Plan (RRSP) - Refers to the TD Waterhouse Self- Directed Retirement Savings Plan.

² Tax-Free Savings Account (TFSA) - Refers to the TD Waterhouse Tax-Free Savings Account