

## Electronic Funds Transfer Form Requests for Automated Funds Transfer to/from a CIBC Investor Services Inc. Account

Branch Contact First and Last Name	Branch Contact Telephone Number
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CIBC Investor Services Inc. Account No.	Indicate the Account Type <input type="checkbox"/> Investment Account <input type="checkbox"/> RRSP Account <input type="checkbox"/> RESP Account <input type="checkbox"/> TFSA Account
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(Only one CIBC Investor Services Inc. account number per form permitted.)

These services are for (check one) <input type="checkbox"/> Personal <input type="checkbox"/> Business Use	Client Name
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### Authorization to Debit/Credit – Bank Account 1 – Banking Information (Institution Transferring/Receiving Funds)

Indicate if this is: (check one) <input type="checkbox"/> <b>New</b> Authorization <input type="checkbox"/> <b>Delete</b> an Existing Authorization	Fund Currency <input type="checkbox"/> Canadian \$ <input type="checkbox"/> US \$ (Not available for Registered Accounts)
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Financial Institution Name	Institution No.	Institution Transit No.
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Account No.	Account Type <input type="checkbox"/> Chequing <input type="checkbox"/> Savings <input type="checkbox"/> Joint <input type="checkbox"/> Corporate
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Please attach a personalized VOID cheque or for savings accounts, proof of account (account statement or copy of bank book showing account holder and bank account number).

**Please Note:** Only Cdn\$ or US\$ transfers from Canadian financial institutions are permitted. Third party bank accounts cannot be used to settle trades.

### Authorization to Debit/Credit – Bank Account 2 – Banking Information (Institution Transferring/Receiving Funds)

Indicate if this is: (check one) <input type="checkbox"/> <b>New</b> Authorization <input type="checkbox"/> <b>Delete</b> an Existing Authorization	Fund Currency <input type="checkbox"/> Canadian \$ <input type="checkbox"/> US \$ (Not available for Registered Accounts)
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Financial Institution Name	Institution No.	Institution Transit No.
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Account No.	Account Type <input type="checkbox"/> Chequing <input type="checkbox"/> Savings <input type="checkbox"/> Joint <input type="checkbox"/> Corporate
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Please attach a personalized VOID cheque or for savings accounts, proof of account (account statement or copy of bank book showing account holder and bank account number).

**Please Note:** Only Cdn\$ or US\$ transfers from Canadian financial institutions are permitted. Third party bank accounts cannot be used to settle trades.

Please sign and mail request, along with a personalized VOID cheque or for savings accounts, proof of account (account statement or copy of bank book showing account holder and bank account number):

**CIBC Investor Services Inc.  
ATTN: RMS Desk  
800 Bay ST., 2nd Floor  
Toronto, ON M5S 3A9**

### Signature(s)

**To CIBC Investor Services Inc.:** Please initiate transfer(s) to or from the above-noted financial institution(s) in accordance with instructions given by the undersigned client(s) in writing or by telephone, from time to time. The undersigned client(s) understand and agree to the Electronic Funds Transfer Terms set out below. This authorization may be revoked on 10 days written notice to you at the location where the above account is maintained.

Date (MM/DD/YYYY)	Client/Authorized Representative Signature	Joint Client/Authorized Representative Signature
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Print Name and Title (if applicable)	Print Name and Title (if applicable)
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**Electronic Funds Transfer Terms**

- Authorization:** The accountholder(s) understand that the delivery of this authorization form to CIBC Investor Services Inc. is equivalent to having personally instructed the financial institution which holds the account from which the transfers will be made (the "Transfer Account") to make these transfers. That financial institution is not required to verify that transfers comply with the instructions given on this form. The accountholder(s) certify that the Transfer Account details given on this form are correct. The accountholder(s) confirm that all persons whose signatures are required to authorize transactions in the Transfer Account have been provided, and that all necessary authorizations for each transfer instruction will be provided. If the Transfer Account information changes in any way, the accountholder(s) will notify you in writing as soon as possible.
- Cancellation:** This authorization may be cancelled at any time upon 10 days prior written notice to CIBC Investor Services Inc. directed to the location at which the CIBC Investor Services Inc. account is located. To obtain a copy of a cancellation form or for more information regarding your right to cancel a pre-authorized debit arrangement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).
- Recourse:** The accountholder(s) have certain recourse rights if any debit does not comply with this agreement. For example, the accountholder(s) have the right to receive reimbursement for any debit that is not authorized or is not consistent with this agreement. To obtain more information on recourse rights, please contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).
- On Demand Transfers:** This authorization form permits the accountholder(s) to direct CIBC Investor Services Inc. by telephone, in writing or via CIBC Investor's Edge secure electronic access devices to make transfers in the amount specified at each time of request. CIBC Investor Services Inc. must receive prior authorization for each transfer. Transfers may only be made between accounts held by the same person for individual non-registered accounts; or same person for corporate accounts where the single beneficial owner and corporate authorizing representative are the same.
- NSF Charges:** The accountholder(s) acknowledge and understand that applicable NSF charges will be applied as necessary.
- Questions:** To make inquiries, obtain information or seek recourse with respect to any electronic funds transfer, please contact CIBC Investor Services Inc at 1-800-567-3343.