



**VALUE  
PARTNERS**  
INVESTMENTS

## Systematic Switch (DCA)

<b>TO:</b>	Value Partners Investments C/O RBC Investor Services 155 Wellington St. W, 3rd Floor Toronto, ON M5V3L3 Fax: 416-955-7769	<b>FROM:</b>	Dealer # _____ Rep # _____ Contact: _____ Phone: _____
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Account Owner _____	Social Insurance # _____	Date of Birth (DD/MM/YYYY) _____	
Address _____	City _____	Province _____	Postal Code _____
Joint Holder (if applicable) _____	Social Insurance # _____	Date of Birth (DD/MM/YYYY) _____	
Account Number _____	Dealer Account (if applicable) _____		

Please switch the following funds

FROM:		TO:		Amount (\$, Units)	Amount Type (circle)
Fund No.	Fund Name	Fund No.	Fund Name		
					\$ U
					\$ U
					\$ U
					\$ U

Frequency (check one)

<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Semi-Annually
<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually
<b>Start Date:</b> _____	<b>End Date:</b> _____		

I/we understand that the completion of the above request may result in capital gains being realized.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Account Owner's Signature

\_\_\_\_\_  
Signature Guarantee

\_\_\_\_\_  
Joint Holder's Signature