

PRE-AUTHORIZED CHEQUING AGREEMENT

(Pre-Authorized Debit (PAD) Agreement)

(Not Applicable For Locked-In RSP, LIRA, RIF, LIF, LRIF, PRIF, RLIF, RLSP, or RDSP* Account Types)

*Please complete the RDSP Disability Assistance Payment and Pre-Authorized chequing form



MACKENZIE
Investments

1. PLAN INFORMATION

New Account (A completed application may be required) Existing Account

Account Number

2. PLANHOLDER INFORMATION – PLEASE PRINT

First Name

Last Name

Joint Planholder First Name (if applicable)

Joint Planholder Last Name (if applicable)

3. PRE-AUTHORIZED CHEQUING (PAC) OPTIONS

Select One: Add Change Stop

3.1: One-time Purchase on Date (DD MMM YYYY) for \$ (Request will be processed at current if no date is provided)

3.2: Frequency for recurring PACS

Weekly Monthly Quarterly Annually
 Bi-Weekly¹ Semi-Monthly² Bi-Monthly³ Semi-Annually⁴

¹Once every 14 days ²Only on/around 15th and end of month ³Every other month ⁴Every six months

Protect PAC against inflation by an annual

increment of % or \$

starting from Date (DD MMM YYYY)

My first purchase
is to commence
Date (DD MMM YYYY)

Total amount per run date: \$

3.3: Fund Selection

FUND CODE	FUND NAME	AMOUNT (\$ OR %)		SALES COMMISSION %	
		\$	%		
		\$	%		
		\$	%		
		\$	%		
		\$	%		
		\$	%		
TOTALS				\$	%

4. BANKING

Use banking info on file

4.1: Banking Information

PROVIDE PROOF OF BANKING

Name of Financial Institution

Transit Number

Bank Code

Account Number

Bank Account Holder Name

Joint Bank Account Holder Name (if applicable)

Bank Account Holder Signature

Joint Bank Account Holder Signature (if applicable)

5. PAC/PAD TERMS AND CONDITIONS

- a) By signing this agreement, you hereby waive any confirmation and pre-notification requirements as specified by section 17 of the Canadian Payments Association Rule H1 with regards to pre-authorized debit (PADs).
- b) You authorize Mackenzie Financial Corporation (Mackenzie) to debit the bank account(s) provided for the amount(s) and in the frequencies instructed.
- c) If this is for your own personal investment, your debit will be considered a Personal PAD by the Canadian Payments Association (CPA) definition. If this is for business purposes, it will be considered a Business PAD. Monies transferred between CPA members will be considered a Funds Transfer PAD.
- d) If this is for a one-time PAD agreement, only a single one-time PAD is permitted. Your authority is to remain in effect until the one-time PAD is completed, at which time this PAD agreement for the one-time request will automatically terminate.
- e) You acknowledge that for a one-time PAD, the Payor's PAD is no longer valid once the payment has been fulfilled. Any subsequent PAD request requires a newly authorized Payor's PAD agreement.
- f) You have certain recourse rights if any debit does not comply with this PAD agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.payments.ca.
- g) You confirm that all persons whose signatures are required to authorize transactions in the bank account(s) provided have signed this agreement.
- h) You may change these instructions or cancel this plan at any time, provided that Mackenzie receives at least 10 (ten) business days' notice by phone or by mail. You can also obtain further information regarding the Mackenzie's practices related to personal information, privacy, and information security. Contact information for Mackenzie can be found within the form. To obtain a copy of a cancellation form or for more information regarding your right to cancel a pre-authorized debit agreement, please consult with your financial institution or visit the Canadian Payments Association website at www.payments.ca. You agree to release the financial institution of all liability if the revocation is not respected, except in the case of gross negligence by the financial institution.
- i) Mackenzie may cease issuing your PAD agreement in accordance with Rule H1.
- j) Mackenzie is authorized to accept changes to this agreement from your registered dealer or your financial advisor in accordance with the policies of that company, in accordance with the disclosure and authorization requirements of the CPA.
- k) You agree that the information in this form will be shared with the financial institution, insofar as the disclosure of this information is directly related to and necessary for the proper application of the rules applicable for pre-authorized debits.
- l) You acknowledge and agree that you are fully liable for any charges incurred if the debits cannot be made due to insufficient funds or any other reason for which you may be held accountable.
- m) For Quebec clients only/ Pour les clients et clientes du Québec seulement:** You acknowledge to have received the French version of this PAD agreement and that you have chosen to complete the English version of this document and requested that all related current and future documents be provided in English. Vous reconnaissez avoir reçu la version française de la présente entente de DPA, avoir choisi de remplir la version anglaise du document et avoir demandé à ce que tous les documents connexes actuels et futurs vous soient fournis en anglais.

Revised: December 2023

6. AUTHORIZATION

X			
Bank Account Holder's/Plan Holder's Signature	Date (DD MMM YYYY)	Advisor Name	Dealer/Advisor Code
X			
Joint Bank Account Holder's/Joint Plan Holder's Signature	Date (DD MMM YYYY)	Dealer Name	Dealer Account Number
X		X	
Plan Holder's Signature (If Different From Bank Account Holder's)	Date (DD MMM YYYY)	Dealer Authorization/Advisor Signature	Date (DD MMM YYYY)