



Transfer Authorization for Non-Registered Investments

Instructions

Bottom copy and the cover go to the Unitholder

Please note: The data entered on this form may be scanned and stored electronically. Please print neatly in the spaces provided to ensure completeness, accuracy and machine readability.

STEP 1 – Unitholder Information

| | | | | |
|--|--------------------|--------------------------------|----------|-------------|
| <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr | | | | |
| Last Name | | First Name | | Initials |
| Address | | City | Province | Postal Code |
| Home Telephone | Business Telephone | E-Mail | | |
| Social Insurance Number | | Date of Birth (YYYY / MM / DD) | | |

STEP 2 – Receiving Institution Information

| | | |
|--|---|----------------|
| CIBC Mellon Trust Company 1 York Street, Suite 900 Toronto, ON M5J 0B6 Canada | Cheque Payee: Portland Investment Counsel Inc., In Trust for Funds Client Services Telephone: 1-888-710-4242 Processing Fax: 1-866-816-1662 | ACCOUNT# _____ |
|--|---|----------------|

Investment Selection

| Fund Name | Fund Number | Sales Charge (Front Load Purchases Only) | Investment Amount (\$ or %) |
|-----------|-------------|---|--------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

DEALER INFORMATION

| | | |
|---------------------|---------------------|-----------------------|
| Dealer Name | Dealer Code | Dealer Account Number |
| Representative Name | Representative Code | Telephone Number |
| Email | Fax Number | |

STEP 3 – Client Direction to Relinquishing Institution

| | | | |
|--|------|----------|-------------|
| Relinquishing Institution Name | | | |
| Address | City | Province | Postal Code |
| Client Account/Policy Number | | | |
| Transfer: (check one box only): <input type="checkbox"/> All in cash <input type="checkbox"/> All as is (in kind) <input type="checkbox"/> All assets, but mixed in cash and as is (in kind) see list below or attached list. <input type="checkbox"/> Partial - as listed below or attached list <input type="checkbox"/> Check here if attaching list | | | |

| | | Investments Amount | Symbol and/or Certificate Number or Policy Number | Investment Description |
|---|--|--------------------|---|------------------------|
| <input type="checkbox"/> In kind <input type="checkbox"/> Shares/units | <input type="checkbox"/> In cash <input type="checkbox"/> Dollars | | | |
| <input type="checkbox"/> In kind <input type="checkbox"/> Shares/units | <input type="checkbox"/> In cash <input type="checkbox"/> Dollars | | | |

STEP 4 – Client Authorization

I hereby request the transfer of my account and its investments as described above.

WHERE I HAVE REQUESTED A TRANSFER IN CASH, I AUTHORIZE THE LIQUIDATION OF ALL OR PART OF MY INVESTMENTS AND AGREE TO PAY ANY APPLICABLE FEES, CHARGES OR ADJUSTMENTS.

| | | | |
|-----------------------------|---------------------|--|---------------------|
| Signature of Account Holder | Date YYYY / MM / DD | Signature of Joint Account Holder (if applicable) | Date YYYY / MM / DD |
| X | | X | |

STEP 5 – For Use By Relinquishing Institution Only

| | | |
|----------------------------------|---------------------|--------------------|
| Advisor Last Name | Advisor First Name | Dealer Rep. Number |
| Contact Name | Telephone | Fax |
| Authorized Signature X | Date YYYY / MM / DD | |

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