FundEX INVESTMENTS INC.

Head Office: 25 Centurian Drive Suite 208, Markham, Ontario, L3R 5N8
Phone: 905-305-1651 Fax: 905-305-1698 Toll Free: 800-324-6048
Web Address: www.fundex.com Email: info@fundex.com

Order Entry Form

Name	☐ Existing Client ☐ New Client
Address	Joint Info: Name
	Relationship
Phone	Birth Date S.I.N.
Birth Date	Associate Name
S.I.N.	Associate Number: ________ - ________

Trans-action	Account No.	Fund Co.	Fund No.	Fund Description	DSC% FEL%	Wire Order No.	Amount
TYPE OF TRANSACTION: B=BUY R=REDEMPTION SF=SWITCH FROM ST=SWITCH TO						**Total**	

Purchase Type: ☐ Open ☐ JTIC ☐ RRIF ☐ SPOUSAL ☐ RRSP ☐ JTWROS ☐ ITF ☐ LIRA ☐ LIF ☐ RESP ☐ LRIF ☐ OTHER ______________________________

Documents Attached: ☐ T2033 ☐ Cheque ☐ PAC Form & Void Cheque ☐ T2151 ☐ SWP Form ☐ Leverage Disclosure Document

For Redemption: Make Cheque Payable to: ☐ Client ☐ Dealer "In Trust"

Forward Payment to: ☐ Dealer ☐ Advisor's Branch ☐ Client Address

Forward Via: ☐ Mail ☐ ICS/Courier ☐ EFT to Client Bank Account, Void Cheque Attached

Settlement Source: ☐ Dealer ☐ Intermediary

Registered In: ☐ Client ☐ Intermediary

Intermediary Name

Intermediary Account

Trade Safe Number

Special Instructions:

The undersigned hereby applies to purchase, redeem or exchange units of the Fund(s) as indicated. I(We) acknowledge receipt of the current simplified prospectus of the Fund(s) purchased and understand that these transactions are made under the terms and conditions therein. I(We) agree that the above new account information is correct.
All cheques must be made payable to "FundEX Investments Inc. In Trust".

I(We) have been made aware of and understand that my (our) representative is licensed through FundEX Investments Inc. I(We) also acknowledge that I(we) understand the relationship between the representative and FundEX Investments Inc.

Signed at ______________________ this ________ day of ______________________, 200__. ______ Prospectus Received (Initial)

Signature of Applicant ______________________ Signature of Joint Account Holder ______________________

☐ Limited Authorization on File ☐ Limited Authorization on File

Associate Signature ______________________ Accepted by ______________________
Compliance Officer

COPY: ASSOCIATE COPY: DEALER COPY: CLIENT