

# IPC Investment Corporation

NATIONAL HEAD OFFICE  
 2680 Skymark Avenue, Suite 700  
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 Tel: (905) 212-9799 Fax: (905) 212-9798

## ORDER ENTRY FORM (EXISTING CLIENTS ONLY)

Client Name Account  
 IPC Self-Directed  
 A/C # \_\_\_\_\_

Client Name (1): \_\_\_\_\_

Client Name (2): \_\_\_\_\_

S.I.N.: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

S.I.N.: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

**ACCOUNT TYPE:**  OPEN  JTWROS  JTIC  ITF  RRSP  SPOUSAL  RRIF  LIF  RESP  LIRA  LEVERAGE  OTHER: \_\_\_\_\_

TYPE OF TRANS	ACCOUNT #	FUND COMPANY	FUND CODE	NAME OF FUND	DSC	FEL CHARGE	AMOUNT	MANDATORY GROSS / NET	WIRE ORDER #	<input type="checkbox"/> PAC <input type="checkbox"/> SWP AMOUNT

**TYPE OF TRANSACTION**    P=Purchase    R=Redemption    SF=Switch From    ST=Switch To    PAC=PAC Transaction    SWP=SWP Transaction    T=Transfer  
FREE=Free Units in Amount Box    (Switches must be within the same Fund Company and Account #)    CR=Commission Rebate    (Authorization Form/TD2/T2151)

**If Client Name Redemption:**    Make Cheque Payable to:  Client     Dealer "In Trust" for Client     EFT to Client per attached Void Cheque  
 Send Cheque to:  Client     Dealer H.O.     Rep's Office (See Special Instructions)  
 Cheque to be sent by:  ICS     Mail     Other \_\_\_\_\_  
 Cheque     T2033     TD2     T2151     Fund Co. Application  
 Leverage Disclosure     CESG Grant App.     Other \_\_\_\_\_

**DOCUMENTS ATTACHED**

HAS THE CLIENT BORROWED MONEY FOR THIS PURCHASE?  YES  NO  
 IF YES, WE ACKNOWLEDGE READING AND UNDERSTANDING THE LEVERAGE DISCLOSURE STATEMENT.  
 \_\_\_\_\_ INITIAL    \_\_\_\_\_ INITIAL

Special Instructions:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PAC Instructions     SWP Instructions  
 Start Date: \_\_\_\_\_  
 Weekly     Every 2 Weeks     Monthly  
 Void Cheque Attached

The undersigned hereby authorizes these trades, and acknowledges receipt of the current simplified prospectus of the Fund(s) purchased, and the terms any transactions are made under.

Client Signature 1    \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

Client Signature 2    \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

SIGNATURE STAMP HERE

Rep. Signature    \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

Rep. Name    \_\_\_\_\_  
Dealer    Rep. Code

Processing    \_\_\_\_\_  
 Compliance Approval

MBL ENTERPRISES INC. FORM 2185

WHITE: HEAD OFFICE    PINK: BRANCH COPY    BLUE: REPRESENTATIVE    GOLDEN ROD: CLIENT