



VALUE
PARTNERS
INVESTMENTS

Systematic Switch (DCA)

TO:	Value Partners Investments C/O RBC Investor Services 155 Wellington St. W, 3rd Floor Toronto, ON M5V3L3 Fax: 416-955-7769	FROM:	Dealer # _____ Rep # _____ Contact: _____ Phone: _____
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:

Fund No.	Fund Name	Fund No.	Fund Name	Amount (\$, Units)	Amount Type (circle)
					\$ 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 |

Start Date: _____

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

Date

Signature Guarantee

Account Owner's Signature

Joint Holder's Signature