



VALUE
PARTNERS
INVESTMENTS

SYSTEMATIC SWITCH (DCA)

TO: Value Partners Investments
C/O RBC Investor Services
155 Wellington St. W, 3rd Floor
Toronto, ON M5V 3L3
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

Account Owner's Signature

Signature Guarantee

Joint Holder's Signature