

AREA 1 – ANNUITANT INFORMATION

Name: _____ Account Number: _____

AREA 2 -PAYMENT TYPE – Funds Transfer PAD

- ☐ New Plan (**Void cheque & Subscription Form required**)
- ☐ Change Existing Plan (**Fill in ONLY areas that are changing. If banking info has changed, attach a void cheque**)
- ☐ Cancel Plan (**Please cancel my PAD immediately until further notice**)

PAD Amount \$ _____

INVESTMENT OPTIONS:

- | | | | |
|---|----------|-----------|---------|
| <input type="checkbox"/> CCP101: Class A - Series F Common Shares (Diversified) | \$ _____ | OR | % _____ |
| <input type="checkbox"/> CCP103: Class A - Series B Common Shares (Diversified) | \$ _____ | OR | % _____ |
| <input type="checkbox"/> CCP201: Class R - Series F Common Shares (Resources) | \$ _____ | OR | % _____ |
| <input type="checkbox"/> CCP203: Class R - Series B Common Shares (Resources) | \$ _____ | OR | % _____ |

EFFECTIVE DATE: _____ (month/day/year)

FREQUENCY (✓ select one):
☐ Monthly ☐ Semi-monthly (1st and 15th of the month)
☐ Weekly ☐ Bi-weekly (every two weeks)

Institution Name: _____

Transit Number: _____ - _____ Account Number: _____

I authorize SaskWorks Venture Fund Inc. and the financial institution designated (or any financial institution I may authorize at any time) to debit my account as per my instructions for **regular reoccurring payments** outlined below. **I waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the PAD due to my authorization.** SaskWorks Venture Fund Inc. will obtain my further authorization for any other one-time or sporadic debits. **In case of returned payments, written authorization may be obtained to re-debit my account.**

This authority is to remain in effect until SaskWorks Venture Fund Inc. has received written or electronic notification from me of its change or cancellation. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided above. I may obtain a sample cancellation form or more information on my right to cancel a PAD agreement at my financial institution or by visiting www.cdnpay.ca.

AREA 3 – ANNUITANT SIGNATURE

Signature: _____ Date: _____

ADDITIONAL TERMS AND CONDITIONS

1. By signing this Authorization, I:
 - (a) acknowledge having received and having read a copy of this Agreement, including the Terms and Conditions on this page;
 - (b) acknowledge understanding the Terms and Conditions of this Agreement; and
 - (c) agree to be bound by the Terms and Conditions of this Agreement, including the terms and conditions on this page.
2. I undertake to inform SaskWorks Venture Fund Inc., in writing, of any change in the Account information provided in this Authorization 10 business days prior to the next due date of the PAD.
3. SaskWorks Venture Fund Inc. may not assign this Authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me.
4. Revocation of this Authorization does not terminate any contract for goods or services that exists between me and SaskWorks Venture Fund Inc. This Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
5. I acknowledge that provision and delivery of this Authorization to SaskWorks Venture Fund Inc. constitutes delivery by me to the Financial Institution. Any delivery of this Authorization to SaskWorks Venture Fund Inc. constitutes delivery by me.
6. This Authorization is for fixed amount funds transfer PADs recurring at set intervals, I have waived any and all requirements for pre-notification of debiting. I acknowledge I will not receive written notice from SaskWorks Venture Fund Inc. of the amount to be debited or the due date(s) of debiting.
7. If this Authorization provides for PADs with sporadic frequency, I understand that SaskWorks Venture Fund Inc. is required to obtain an authorization from me for each and every PAD prior to the PAD being exchanged and cleared. I agree that a password or security code or other signature equivalent will be issued and will constitute valid authorization for the Financial Institution to debit the Account.
8. I acknowledge that the Financial Institution is not required to verify that a PAD has been issued in accordance with the particulars of this Authorization, including, but not limited to, the amount.
9. I acknowledge that the Financial Institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by SaskWorks Venture Fund Inc. as a condition to honouring a PAD issued or caused to be issued by SaskWorks Venture Fund Inc. on the Account.
10. I acknowledge that, if this Authorization is for funds transfer PADs that have recourse through the clearing system, a PAD may be disputed but only under the following conditions:
 - (a) the PAD was not drawn in accordance with this Authorization;
 - (b) this Authorization was revoked.

I further acknowledge that in order to be reimbursed, a declaration to the effect that either (a) or (b) took place must be completed and presented to the branch of the Financial Institution holding the Account on or before the 90th calendar day in the case of a personal PAD or a funds transfer PAD that has recourse through the clearing system or in the case of a business PAD, on or before the 10th business day, in each case after the date on which the PAD in dispute was posted to the Account.

11. I acknowledge that any claim made after the periods set out above must be resolved solely between me and SaskWorks Venture Fund Inc. and there is no entitlement to reimbursement from the Financial Institution.
12. I have certain recourse rights if any debit does not comply with this Agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my recourse rights, I may contact my Financial Institution or visit www.cdnpay.ca.
13. I consent to the disclosure of any personal information that may be contained in this Authorization to the Financial Institution that holds the account of SaskWorks Venture Fund Inc. to be credited with the PAD to the extent that such disclosure of personal information is directly related to and necessary for the proper application of Rule H1 of the rules of the Canadian Payments Association.