



CO-OPERATIVE MARKETING PROGRAM PRE-APPROVAL REQUEST FORM

Dealer Information

Name of Dealer: _____ Dealer Rep Code: _____

Address: _____ City/Town: _____ Prov: _____

Postal Code: _____ Email: _____

Campaign Type (select one)

- Television Digital Print Mail Drop
 Radio Washroom Outdoor Seminar/Event
 Other _____

Campaign Details

Media Name: _____ Contact: _____

Run Date(s): _____ Phone: _____

Estimated Expenditures

Estimated Total Project Costs \$ _____

Only reasonable out-of-pocket, direct costs and expenses, excluding internal salaries, overheads, travel, accommodations or personal incidental expenses are eligible for reimbursement

Estimated Total Contributions from other Mutual Fund Companies \$ _____

Amount Requested from SaskWorks \$ _____

All contributions from mutual fund companies must not exceed 50% of dealer's total direct costs

CERTIFICATION: The undersigned hereby certifies that the expenditures noted above are eligible for reimbursement under the standards outlined in National Instrument 81 - 105, Mutual Fund Sales Practices (the "Mutual Fund Sales Practices Rule"). We further certify that amount claimed from mutual fund companies, in total, will not exceed the allowable limits set out in the Mutual Fund Sales Practices Rule.

_____	_____	_____
Representative Name	Representative Signature	Date
_____	_____	_____
Branch Manager Name	Branch Manager Signature	Date
_____	_____	_____
Compliance Officer Name	Compliance Officer Signature	Date

This Co-op Marketing pre-approval request form has been reviewed and approved.

_____	_____	_____
Approval Number	SaskWorks Venture Fund	Date

Advertisement Proof

Approved as is

Approved with changes: _____
