

Dealer Information

Name of Dealer: _____ Dealer Rep Code: _____

Address: _____ City/Town: _____ Prov: _____

Postal Code: _____ Email: _____

Campaign Type (select one)

- | | | | |
|--------------------------------------|-----------------------------------|----------------------------------|--|
| <input type="checkbox"/> Television | <input type="checkbox"/> Digital | <input type="checkbox"/> Print | <input type="checkbox"/> Mail Drop |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Washroom | <input type="checkbox"/> Outdoor | <input type="checkbox"/> Seminar/Event |
| <input type="checkbox"/> 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 request for reimbursement has been reviewed and approved.		
_____ Approval Number	_____ SaskWorks Venture Fund	_____ Date