

Dealer Information

Name of Dealer: _____ Dealer Rep Code: _____
 Address: _____ City/Town: _____ Prov: _____
 Postal Code: _____ Email: _____

Reimbursement

Total direct costs payable by dealer \$ _____

Total direct costs payable by other mutual fund companies \$ _____

Amount Requested from SaskWorks Venture Fund \$ _____

A copy of the tear sheet or final ad/script must be attached for reimbursement. Copies of all invoices, a detailed summary of total direct costs and a detailed summary of mutual fund companies' reimbursements must also be attached.

Payment

Make cheque payable to: _____ [Please ensure this information is compliant with the Mutual Fund Sales Practices Rules and your internal policies]

Company Name: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

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