McLean Budden
LOOK FORWARD®

PAC (Pre-Authorized Contribution Plan)

This involves the investment of a predetermined amount on a regular basis. To facilitate this, a withdrawal can be made **from** your bank account and deposited **into** your McLean Budden account.

Each transaction is subject to a $100 minimum per fund, per month, or a $300 minimum per fund, per quarter.

Payment Process

Direct Deposit (VOID cheque required)

Start Date _____

End Date (If Desired) _____

Process Dates

- ☐ 15th of the month
- ☐ LBD (last business day of the month)
- ☐ Both (15th and LBD)

Intervals

- ☐ Monthly
- ☐ Quarterly (March/June/September/December)

Fund (s)	Amount
McLean Budden Balanced Growth	$ _____
McLean Budden Balanced Value	$ _____
McLean Budden Canadian Equity Growth	$ _____
McLean Budden Canadian Equity	$ _____
McLean Budden Canadian Equity Value	$ _____
McLean Budden Dividend Income	$ _____
McLean Budden American Equity	$ _____
McLean Budden International Equity	$ _____
McLean Budden Global Equity	$ _____
McLean Budden Fixed Income	$ _____
McLean Budden Global Bond	$ _____
McLean Budden Real Return Bond	$ _____
McLean Budden Money Market	$ _____

I/We authorize McLean Budden to debit my/our financial institution account commencing on the dates, in the amounts and with the frequencies for the purpose of purchasing units of the Fund(s). I/We may change or revoke this authorization at any time by giving McLean Budden written notification **at least 6 business days prior to the applicable PAC due date.** I/We agree that revocation of this authorization will not terminate any agreement that exists between McLean Budden and me/us. I/We agree that the financial institution is not required to verify that any PAC has been drawn in accordance with this authorization, including the amount, frequency and the fulfillment of purpose of any PAC. I/We agree that I/we shall resolve any dispute concerning a PAC solely with McLean Budden. I/We agree that delivery of this authorization to McLean Budden constitutes delivery by me/us to the financial institution. I/We warrant that all persons whose signatures are required to sign on the account have signed this authorization.

Account Holder (Please Print) _____

Account Number _____

Signature _____

Account Holder (Joint Account) _____

Signature _____

Date _____

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