

## LETTER OF DIRECTION Purchase Order Form

Client Name(s):	
	Plan ID:
SIN Number(s):	Plan Type:
Address:	Intermediary Name and Account #:

This is your good and sufficient authority to **purchase** the following:

Wire Order #	Fund #	Fund Name	Fund Account # or NEW	Cash Dividends	DSC*	*TT	FE Charge	Leveraged	Contribution Amount
							%		\$
							%		\$
							%		\$
							%		\$
							%		\$
							%		\$
							%		\$
							%		\$
							%		\$
							%		\$
NOTES:			·	Tota	l Co	ontri	ibutio	n	\$

I acknowledge receipt of the current prospectus, offering memorandum and/or disclosure document(s) regarding this investment, and declare that I understand the charges, terms, conditions and provisions stated therein and herein, which apply to this purchase. \*DSC or LL means there may be charge when selling or redeeming the fund; please discuss this with your Advisor before purchasing.

Shareholder Signature & Date

Joint Shareholder Signature & Date

Signature Guarantee Stamp

Rep Witness & Date (9499-

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