## Distribution option change form



For help completing this form please call 1-833-290-2606.

Mail or fax completed form to: Starlight Capital c/o RBC Investor & Treasury Services 3rd Floor Imaging 155 Wellington St West, Toronto, ON M5V 3L3

Attention: Starlight Capital c/o	RBC Investor & Tr	reasury	Services	s I Fax: 1-86	6-716-2977
Please accept this letter of direction as authorization to change the distribution option on the following			Starlight account number:		REQUIRED
Starlight mutual funds as stated below effective:	DD/MM/YYYY		Dealer account number:		REQUIRED
	Date				
ACCOUNT HOLDER'S NAME A	ND ADDRESS				
			DE	D/MM/YYYY	
Last name First name	e	Initial(s) Date		te of birth	Social insurance number
Address	City	Province		Postal code	
Telephone (Residence)	Telephone (Business)				
DISTRIBUTIONS					
Starlight Capital's fund distributions are automatical	ly re-invested to purchase ac	dditional secu	urities.		
I would like all of my distributions to be paid in  I would like my distributions to be reinvested  A fund's annual distribution will be reviewed on at le based on market conditions. Client distributions will change, increase or decrease, the distribution amount of the condition payment method for distribution unless otherwise instructed, Starlight fund distribution information is required.  I would like my distribution payments to be reconditionally information section)	ast an annual basis and may be affected by a change in a ints reinvested or paid in cas ons paid in cash ons will be paid by cheque. F	fund's distrib h would incre	oution amoun ease or decre	at. In the event that ease proportionate w for deposit by e	t a Fund's distribution should sly.
BANKING INFORMATION					
Name of financial institution	Name(s) of account holde	Name(s) of account holder(s)		Branch address	
Bank code	Transit number			Account number	
				X	
Dealer name	Dealer number		Representative signature		
Representative name	Representative number			Telephone	
Starlight Capital		Custo	mer service		
c/o RBC Investor & Treasury Services, 3rd Floor Imaging  Phone: 1-833-290-2606 Email: info@starlightcapital.com  Fax: 1-866-716-2977					