Starlight Capital Systematic Plans 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 & Treasury Services | Fax: 1-866-716-2977

Please accept this letter of direction as authorization to set up the following systematic plan:		Starlight Capital account number:	MANDATORY - ACCOUNT NUMBER
PAC SWP effective:	DD/MM/YYYY	Dealer account number:	MANDATORY - DEALER ACCOUNT NUMBER

Account holder's / Annuitant's name and address

				DD/MM/YY	YY		
Last name	First name	Initial(s))	Date of birth		Social ins	urance number
Address	City	Province	Posta	al code	Telephor (Residen		Telephone (Business)
Banking Information: Please use banking information on file Please attach a void cheque Complete this section							
Name of financial institution		Na	ame(s) of acco	ount holder(s)			
Branch address		Bank code	Trans	Transit number		Account number	
Diagon indicate your investment instructions							

Please indicate your investment instructions.

Please make this withdrawal on the 1st 15th Other

Refer to Starlight Capital "fund codes" page. Be sure to read the prospectus before you invest.

Fund Code	Fund Name	Gross investment amount	Sales charge front end (0% – 5.0%)	Pre-authorized chequing plan	SWP or RIF Payment
		\$		\$	\$
		\$		\$	\$
		\$		\$	\$
		\$		\$	\$
SWP minimum	n: \$100	\$		\$	\$

Choose your account features

Pre-Authorized Chequing Plan (RSP and Investment Plan only)				
By choosing the Pre-Authorized Chequing Plan, I am authorizing Starlight Capital to make automatic withdrawals of				
from my bank account (minimum \$25 per fund) according to a schedule I choose, and to purchase securities of the funds for my Capital account, as designated above.				
I authorize the frequency of these Automatic Withdrawals from my bank account to be:				
Weekly Semi-monthly Monthly Bi-monthly Quarterly Semi-Annually	Annually			

_ beginning the month of ____

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Choose your account features (continued)

Please note that as a participant in our Pre-authorized Chequing Plan (a "PAC"), you will not automatically receive the Fund Facts for each subsequent purchase of securities under this PAC. At any time, you may request to receive the Fund Facts, either at each subsequent purchase or as the Fund Facts are renewed, at no cost to you. To do so, please contact your dealer, or Starlight Capital's Client Service Department at 1-833-290-2606 or email info@starlightcapital.com. You can also find the most recently filed Fund Facts on the SEDAR website at www.sedar.com or Starlight Capital's website at www.starlightcapital.com. You have a withdrawal right from your initial purchase within two days of receipt of the Fund Facts but you do not have a right to withdraw from any subsequent purchases pursuant to the PAC. You continue to have all other statutory rights, including a misrepresentation right, whether or not you request the Fund Facts documents. You continue to have the right to terminate your participation in the PAC at any time, subject to applicable notice periods.

Systematic Withdrawal Plan (SWP)

Redemptions may include a capital gain/loss or income

You can have systematic withdrawals of \$100 or more sent to you on a monthly or quarterly basis when you have an account balance of at least \$10,000 in a Starlight Capital fund. Proceeds may be sent to you via mail or electronically deposited in the bank account you designate.

Please withdraw	from my Starlight Capital account according to a schedule I choose, and to						
withdraw securities of the funds for my Starlight Capital account, as designated above.							
Frequency: Monthly Quarterly							

Please make this withdrawal on the 📃 1st 📃 15th 📃 Othe	r beginning the month of,
Payment Instructions: Mail cheque to my above address	Deposit payments to my bank account

Signature of Account/policy holder required if account is in client name.

Х		DD/MM/YYYY		
Applicant's / Annuitant's signature		Date		
х		DD/MM/YYYY		
Joint applicant's signature		Date		
			Х	
Dealer name	Dealer number		Representative	signature
Representative name	Representative number		Telephone	
Х			DD/MM/YYY	Y
Signature on behalf of Dealer	Name and title		Date	

Starlight Capital

c/o RBC Investor & Treasury Services, 3rd Floor Imaging 155 Wellington St West, Toronto, ON M5V 3L3

Customer service

Phone: 1-833-290-2606 Fax: 1-866-716-2977

Email: info@starlightcapital.com