



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*	LL*	FE Charge	Leveraged	Contribution Amount
							%		\$
							%		\$
							%		\$
							%		\$
							%		\$
							%		\$
							%		\$
							%		\$
							%		\$
							%		\$

Total Contribution \$

NOTES: _____

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-)