



**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](mailto:info@starlightcapital.com). You can also find the most recently filed Fund Facts on the SEDAR website at [www.sedar.com](http://www.sedar.com) or Starlight Capital's website at [www.starlightcapital.com](http://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  Other \_\_\_\_\_ 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.**

X \_\_\_\_\_  
Applicant's / Annuitant's signature

DD/MM/YYYY \_\_\_\_\_  
Date

X \_\_\_\_\_  
Joint applicant's signature

DD/MM/YYYY \_\_\_\_\_  
Date

\_\_\_\_\_  
Dealer name

\_\_\_\_\_  
Dealer number

X \_\_\_\_\_  
Representative signature

\_\_\_\_\_  
Representative name

\_\_\_\_\_  
Representative number

\_\_\_\_\_  
Telephone

X \_\_\_\_\_  
Signature on behalf of Dealer

\_\_\_\_\_  
Name and title

DD/MM/YYYY \_\_\_\_\_  
Date

**Starlight Capital**

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

**Customer service**

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