

Investor Information

Investor Name _____ Social Insurance Number _____ NEI Investor # _____
 Joint Investor Name _____ Social Insurance Number _____

Plan Type & Number

Nominee # _____ NEI Client Account # _____ Intermediary # / Code _____

Account Type

Non-Registered

Individual Joint with Right of Survivorship
 Corporation In Trust For _____
 Formal Trust Other _____
 Estate Other _____

Registered

Individual RSP Spousal/Common-Law Partner RSP
 Individual RIF Spousal/Common-Law Partner RIF
 LIRA/LRSP/RLSP LIF/LRIF/RLIF TFSA
 Group RSP PRIF

Transaction Type

Please check one: PAC - Funds Transfer SWP SRP Group RSP Payroll Deduction

Type ¹	Fund Name	Fund Code	\$Amount	Load ² FEL %	Gross (SWP)	Net (SWP)	Freq ³	Effective (mm/dd/yy)
		NWT		%	<input type="checkbox"/>	<input type="checkbox"/>		
		NWT		%	<input type="checkbox"/>	<input type="checkbox"/>		
		NWT		%	<input type="checkbox"/>	<input type="checkbox"/>		
		NWT		%	<input type="checkbox"/>	<input type="checkbox"/>		
		NWT		%	<input type="checkbox"/>	<input type="checkbox"/>		

¹Type: Start, Stop, Change ²Load: If Front-end Load (FEL), add FEL %, otherwise leave blank
³Frequency: W=Weekly, BW=Bi-Weekly, SM = Semi Monthly, BM =Bi Monthly, M=Monthly, Q=Quarterly, SA=Semi-Annually, A=Annually.

Additional Notes: _____

Banking Information

Source of Funds: Void Cheque attached Letter of Confirmation
 Payment Instructions: Cheque to Client EFT to Financial Institution on Record (If new, please complete EFT form) Redirect to:

Institution Name _____ Address _____ City _____ Province _____ Postal Code _____

Investor Authorization

I confirm that these transactions are compatible with my investment needs and objectives. If I am withdrawing funds from my account, I understand that those funds may be subject to a sales and/or administrative charge by Northwest & Ethical Investments L.P. If my withdrawal is from an RIF, I understand that there will be withholding tax applied as per the Income Tax Act (Canada). I authorize Northwest & Ethical Investments L.P. (NEILP) and the financial institution designated (or any financial institution I may authorize at any time) to debit my account as per my instructions for regular re-occurring payments. I acknowledge that, if this Authorization is for funds transfer PADs that have recourse through the clearing system, a PAD may be disputed but only under the following conditions:

- (a) the PAD was not drawn in accordance with this Authorization;
- (b) this Authorization was revoked

I further acknowledged that in order to be reimbursed, a declaration to the effect that either (a) or (b) took place must be completed and presented to the branch of the Financial Institution holding the Account on or before the 90th calendar day on which the PAD in dispute was posted to the Account.

Investor Signature _____ Joint Investor Signature _____ Date (mm/dd/yyyy) _____

Representative Name _____ Representative Signature _____ Dealer/Rep Code _____

BCM confirms that the above transactions are suitable for the investor(s) _____
 Branch Compliance Manager (BCM) Signature _____ Date (mm/dd/yyyy) _____

How to Use the Systematic Plans Form

Northwest & Ethical Investments L.P. **Systematic Plan Instructions**
 Pre-Authorized Chequing (PAC), Systematic Withdrawal (SWP),
 Systematic RIF Payouts (SRP) and Group RSP Payroll Deduction

Investor Information

John Doe **123456789** **567890123**
 Investor Name Social Insurance Number NEI Investor #

Jane Doe **234567890**
 Joint Investor Name Social Insurance Number

Plan Type & Number

Nominee # _____ NEI Client Account # **3456789** Intermediary # / Code _____ / _____

Account Type

Non-Registered **Registered**

Individual Joint with Right of Survivorship Individual RSP Spousal/Common-Law Partner RSP
 Corporation In Trust For _____ Individual RIF Spousal/Common-Law Partner RIF
 Formal Trust LIRA/LRSP/RLSP LIF/LRIF/RLIF TFSA
 Estate Other _____ Group RSP PRIF

Transaction Type

Please check one: PAC SWP SRP Group RSP Payroll Deduction

Type ¹	Fund Name	Fund Code	\$Amount	Load ² FEL %	Gross (SWP)	Net (SWP)	Freq ³	Effective (mm/dd/yy)
Start	Ethical Income Fund	NWT 062	\$500.00	1%	<input type="checkbox"/>	<input type="checkbox"/>	M	11/15/05
Stop	Ethical Special Equity Fund	NWT 167	\$100.00	%	<input type="checkbox"/>	<input type="checkbox"/>	M	11/15/05
Change	Ethical Balanced Fund	NWT 064	\$100.00	0%	<input type="checkbox"/>	<input type="checkbox"/>	W	12/15/05
		NWT		%	<input type="checkbox"/>	<input type="checkbox"/>		
		NWT		%	<input type="checkbox"/>	<input type="checkbox"/>		

¹Type: Start, Stop, Change ²Load: If Front-end Load (FEL) add FEL %, otherwise leave blank ³Frequency: W-Weekly, BW-Bi-Weekly, M-Monthly, Q-Quarterly, SA-Semi-Annually, A-Annually

Additional Notes:

Banking Information

Source of Funds: Void Cheque attached **Letter of Confirmation**
 Payment Instructions: Cheque to Client _____ (please complete EFT form) Redirect to: _____

Institution Name _____ Address _____ City _____ Province _____ Postal Code _____

Investor Authorization

I confirm that these transactions are compatible with my investment needs and objectives. If I am withdrawing funds from my account, I understand that those funds may be subject to a sales and/or administrative charge by Ethical Funds Inc. (EFI). If my withdrawal is from an RIF, I understand that there will be withholding tax applied as per the Income Tax Act (Canada).

John Doe **Jane Doe** **10/31/2005**
 Investor Signature Joint Investor Signature Date (mm/dd/yyyy)

Adam Smith **Adam Smith** **9999/AAAA**
 Representative Name Representative Signature Dealer/Rep Code

BCM confirms that the above transactions are suitable for the investor(s)
 Branch Compliance Manager (BCM) Signature _____ Date (mm/dd/yyyy) _____

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 northwestethical.com Tel: 1 888 809 3333 Fax: 416 594 3370 NEI 2009 04 013

Type -

Start, Stop or Change.
 To change an existing systematic transaction on a fund, indicate Change and specify all the details. Change applies to Amount, Frequency and Effective Date only. To change a systematic transaction from one fund to another, use Stop & Start.

Load -

If applicable, specify the Front End Load %.

Additional Notes -

Add any comments necessary to process the transactions. For example, if a systematic plan is already in existence, you can add a note stating: Use banking information on file at fund company.

Letter of Confirmation

If a void cheque is not provided, include a Letter of Confirmation from your Financial Institution, verifying account ownership, account number, transit and institution number.

Notes:

- If discrepancies between the Fund Code and either the Fund Name or Load Type exist, the Fund Code will take precedence.
- SWPs cannot be set up for Registered products.