Mutual Fund Transaction Client Instruction Form



A. INVESTOR INFORMATION	ON					
NAME OF INVESTOR			SOCIAL INSURANCE NUMBER			
NAME OF ORGANIZATION (IF APPLICAB						
ADDRESS			CITY			
			PROVINCE			POSTAL CODE
TELEPHONE			EMAIL			TOSTAL GODE
TELEPHONE			EIVIAIL			
B. REDEMPTION REQUES	ST					
ACCOUNT #	FUND CODE	#	# OF SHARES TO REDEEM		OR \$	VALUE TO REDEEM
	MAV			All shares		
	MAV			All shares		
	MAV			All shares		
Redemption delivery options (s CHEQUE (to registered ow	ner's address as listed al		DIRECT DEPOSIT (Paccount with this fo	rovide VOID cheque rm)	to register	red owner's
C. TRANSFER TO A SELF-DIRECTED RRSP						
ACCOUNT #	FUND CODE	# C	F SHARES TO TRAI	NSFER	OR \$	VALUE TO TRANSFER
	MAV			All shares		
	MAV			All shares		
	MAV			All shares		
Transfer funds to:						
NAME OF BANK OR DISCOUNT BROKE	ACCOUNT # AT BANK OR DISCOUNT BROKER					
NAME OF INVESTMENT ADVISOR	CODE # OF INVESTMENT ADVISOR					
D. MUTUAL FUND SERIES	S SWITCH					
ACCOUNT #	# OF SHARES TO SI	WITCH	OR \$ VALUE TO SWI ⁻	TCH FROM CURRE	NT SERIES	INTO THE BELOW SERIES
		All shares		MAV		MAV
		All shares		MAV		MAV
		All shares		MAV		MAV
MAV7001 – Explorer (Series A/Ro	llover) MAV7100 -Explorer (Series A/Regular)	MAV7011 - Explorer	(Series F/Rollover)		
The undersigned hereby authorizes the above transactions:		SIGNATURE GUARANTEE STAMP		IMPORTANT: Marquest Asset Management Inc. will not be responsible for any incomplete instructions and/or any deficiencies in processing this form. It is the responsibility of the account-holder and/or the advisor to follow-up BY FAX with Marquest Asset Management Inc.		
INVESTOR SIGNATURE				αανίσοι το ισίιον-αρ Ι	PI IAV MINI INI	arquest Asset Management me.
DATE						