# Starlight Capital **Automatic switch 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 an automatic switch on the following		Starlight account number:	REQUIRED
Starlight mutual funds as stated below effective:	DD/MM/YYYY	Dealer account number:	REQUIRED
	Date		

## ACCOUNT HOLDER'S NAME AND ADDRESS

				DD/	MM/YYYY		
Last name	First name		Initial(s)	Date	of birth	Social insurance number	
Address		City	Province		Postal code		
Telephone (Residence)		Telephone (Business)					
AUTOMATIC SWITCHES							
(switches from securities of one fund to securities of the same series of another fund) How often would you like switches to be made?							
Weekly Bi-weekly	Semi-mon	thly Monthly	Bi-monthly	G	auterly	Semi-annually Annually	
DD/MM/YYYY	DD/MM/Y	YYY				DD/MM/YYYY	
Switch date	Additional sw (For semi-mo		Switch total (\$)			Start date	
From account / fund			To account / fund				
From account / fund			To account / fund				
From account / fund		To account / fund					
Signature of Account holder required if account is in client name.							
X Account holder's signature		DD/MM/YYYY Date		_			
J. J							
Dealer name		X Representative signature					

Representative name

#### Telephone

#### **Starlight Capital**

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

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

**Customer service** 

Email: info@starlightcapital.com