

IPC INVESTMENT CORPORATION ORDER ENTRY FORM

Branch Address

Client Name (1): _____

Client Name (2): _____

Address: _____

Address: _____

S.I.N.: _____ D.O.B. ____/____/____
MM DD YY

S.I.N.: _____ D.O.B. ____/____/____
MM DD YY

ACCOUNT TYPE: OPEN JTWROS JTIC ITF RRSP SPOUSAL RRIF LIF RESP LIRA LEVERAGE OTHER: _____

TYPE OF TRANS	ACCOUNT #	FUND COMPANY	FUND CODE	NAME OF FUND	DSC	FEL CHARGE	AMOUNT	GROSS/NET	LEVERAGE (YES/NO)	WIRE ORDER #	PAC SWP AMOUNT	TAXABLE EVENT (YES/NO)

TYPE OF TRANSACTION
 P=Purchase R=Redemption SF=Switch From ST=Switch To PAC=PAC Transaction SWP=SWP Transaction T=Transfer (Authorization Form/TD2/T2151)
 *Conv = conversion DSC to FEL (Switches must be within the same Fund Company and Account #)

If Client Name Make Cheque Payable to: Client Dealer "In Trust" for Client EFT to Client per attached Void Cheque
Redemption: Send Cheque to: Client Dealer H.O. Rep's Office (See Special Instructions)
 Cheque to be sent by: ICS Mail Other _____

*Conversion disclosure: I/We purchased funds on a Deferred Sales Charge ("DSC") basis. A portion or all of these funds are no longer subject to a DSC because the DSC schedule has expired ("matured units") and/or DSC exempt redemptions are permitted ("10% free units"). I/We understand and acknowledge the following: 1. The trailing sales commission paid to my/our dealer by the Fund Company for FE Funds is generally greater than that paid for DSC Funds and will generally be 1.0% annually on equity or balanced funds or 0.5% annually on fixed income funds. I/We can refer to the simplified prospectuses for the Funds trailing sales commission annual rates for the specific Funds that I/we own. 2. There will be no transaction or ongoing incremental costs associated with this exchange. The management expenses ratio of the applicable Fund(s) will not increase as a result of this exchange. 3. If this is a taxable event (if "yes" is indicated in the above table) the implications have been disclosed to me/us.

PAC Instructions SWP Instructions
 Start Date: _____
 Weekly Every 2 Weeks Monthly
 Void Cheque Attached

Special Instructions:

The undersigned hereby authorizes these trades, and acknowledges receipt of the current simplified prospectus of the Fund(s) purchased, and the terms any transactions are made under.

Planholder Signature 1 _____ MM / DD / YY

Planholder Signature 2 _____ MM / DD / YY

SIGNATURE STAMP HERE

Associate Signature _____ MM / DD / YY

Associate Name _____ Dealer Rep. Code _____

Compliance Approval _____ MM / DD / YY

FORMPRINT