

Purchase Request

Purpose of Investment _____ **Source of Funds** _____

KYC Update

Always attach a new KYC update unless the KYC on file is correct, has been completed within the last 12 months and is on the currently prescribed forms.

Is a new KYC attached to this purchase request? Yes _____ or No _____

Fundfacts Receipt and Pre-Trade Cost Disclosure

The companies who manage Mutual Funds for you have designed forms which summarize key points about the funds you are purchasing, including investment objectives, past performance, suitability, and fees, called a Fundfacts Document. A Mutual Fund Dealer such as Oakhaven Wealth Advisors Inc. has a responsibility to deliver a Fundfacts document for each fund that you wish to purchase before the Dealer accepts the purchase instructions. The purpose of this document is to have you acknowledge receipt of the Fundfacts documents and to acknowledge that you understand any fees and charges prior to you purchasing the funds.

A. I acknowledge having received Fundfacts documents for each of the following funds:

1) _____ 2) _____ 3) _____

(for additional funds, use a separate Fundfacts Receipt document)

I acknowledge that there may be fees or costs charged by the product manufacturer or the plan trustee depending on the investment product. There may also be fees charged at the time that I withdraw money or close my account, including Deferred Sales Charges (DSC fees) in certain cases.. My representative has explained these fees to me and I have understood and accepted them. I understand that prior to the acceptance of any order in my account that would trigger such fees I shall be advised of any sales charges, service charges or any other fees that might be charged in respect of such transaction and my representative is required by Altimum Mutuals Inc. to keep a record of that disclosure.

B. With regard to my purchase today I understand and acknowledge the following fees or charges:

1. DSC fees in the event of early redemption (if applicable) would apply according to the following schedule:

| | |
|-------------------|-------------------|
| In year 1 _____ % | In year 2 _____ % |
| In year 3 _____ % | In year 4 _____ % |
| In year 5 _____ % | In year 6 _____ % |
| In year 7 _____ % | In year 8 _____ % |

2. Trailer fees (if applicable) would be paid to my dealer as follows:

At the rate of _____ % for _____ years

At the rate of _____ % indefinitely thereafter.

Account type: Non-Registered _____ RRSP _____ Spousal RRSP _____ RRIF _____ LIRA _____ LIF _____
 LRIF _____ RESP _____ TFSA _____ GRSP _____ other _____

Jurisdiction of Locked In Plan: _____ (Locking-in Agreement Required)

Leveraged Plan YES _____ or NO _____ Intermediary Plan (Such as B2B) YES _____ or NO _____

| | Fund Group | Fund Code | Fund Account Number | Amount | ISC | DSC | LL | Wire Order Number |
|---|------------|-----------|---------------------|--------|-----|-----|----|-------------------|
| 1 | | | | \$ | | % | | |
| 2 | | | | \$ | | % | | |
| 3 | | | | \$ | | % | | |

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS DOCUMENT

Client Signature _____ Client Name _____ Date _____

Joint Client Signature _____ Joint Client Name _____ Date _____

Rep Signature _____ Rep Code 7767- _____ Rep Name _____ Date _____

Compliance Officer Signature _____ Date _____