

## Pre-Authorized Cash Contribution (PACC) Service Enrollment Form

This PACC Enrollment Form must be completed by both the Plan Participant and the participant of CDS Clearing and Depository Services Inc (“**CDS Participant**”) through which the Units of the above named Fund are held on behalf of the Plan Participant. Capitalized terms not defined herein shall have the meanings set out in the Horizon AlphaPro ETFs Distribution Reinvestment Plan.

A Plan Participant must deliver this PACC Enrollment Form, with this page completed and signed, along with a personal cheque marked “**VOID**” to the CDS Participant. The CDS Participant must then complete the reverse of this form and deliver the form and voided cheque to **Computershare Trust Company of Canada (“Computershare”)** at the address shown at the top right of this form **no later than ten (10) Business Days** prior to a specified Distribution Payment Date. For any month in which there is no specified Distribution Payment Date, then a deemed Distribution Payment Date will be used for that month which will be the last Business Day of the month. Contributions will be debited from the Plan Participant’s Canadian financial institution (or bank) account **five (5) Business Days** prior to a specified or deemed Distribution Payment Date. Any late submissions will not be processed for the current period.

A Plan Participant wishing to modify their banking details may complete the form by selecting “**Modify Existing Debit Instruction**” and submitting the completed form to their CDS Participant along with a new personal “**VOID**” cheque. If there is a modification to the frequency, please select the “**Modify Existing Debit Instruction**” box and indicate the revised frequency (i.e., monthly or calendar-quarterly recurring basis).

A Plan Participant wishing to cancel their PACC has several options. If using this form to cancel, please select “**Cancel Existing Debit Instruction**”. The original bank details must be entered and the amount should be left blank. No void cheque is required. Please see form reverse for more important information regarding cancellation.

**Note: A Plan Participant participating in the PACC service may not participate in the Systematic Withdrawal Plan under the same Fund.**

## Plan Participant’s Pre-Authorized Debit (PAD) Agreement with Computershare

**Please select one:**       Create New Debit Instruction       Modify Existing Debit Instruction       Cancel Existing Debit Instruction

**Please select one Debit Frequency:**       Monthly Debit       Calendar-Quarterly Debit (March, June, September, and December)

**Specify Contribution Amount:**

\$  ,  .

Minimum \$ 100 per PACC  
Maximum \$ 10,000 per PACC

**Holder Bank Account Information:**

Exact name(s) in which the below account is held

**Financial Institution Account Number**

**Branch Transit**

**Financial Institution No.**

**Please select one:**       Chequing Account       Savings Account

**Please select one:**       Individual Account       Joint Account

This form must be signed by all owners of the financial institution (or bank) account mentioned above or it will be returned.

**By signing below I/we, the Plan Participant, agree to the Terms & Conditions on the reverse side of this form**

Signature 1

Signature 2

Date (mm/dd/yyyy)

## TERMS & CONDITIONS of this Pre-Authorized Debit (PAD) Agreement

I/We hereby authorize Computershare to make the requested debits of funds from the bank account and on the dates stated on the reverse (March, June, September, and December in the case of calendar-quarterly debits). I/We acknowledge that this service is for personal PAD purposes. The debited funds will be used to purchase Units for issuance to CDS & Co., being the nominee of CDS Clearing and Depository Services Inc. I/We acknowledge that if my/our signed PAD Agreement is not received at least **ten (10) Business Days** prior to a specified or deemed Distribution Payment Date, Computershare will not be able to process my/our authorization in time for the current investment. I/We acknowledge that Computershare shall have no liability with respect to (a) the prices at which Units are purchased or the times at which such purchases are made or (b) any actions or responsibilities of CDS Clearing and Depository Services Inc. or any CDS Participant including, without limitation, in the allocation to Plan Participants of Units purchased under the PACC service. I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

### Pre-Authorized Debit (PAD) Cancellation Details

I/We may cancel my/our authorization at any time by sending a clear written request (by means of this form or other written notice) to Computershare or by calling Computershare directly at the telephone number provided on reverse. Cancellations must be received no later than ten (10) Business Days prior to a specified or deemed Distribution Payment Date.

### Pre-Authorized Debit (PAD) Waiver Details

I/We waive any requirement for Computershare to send me/us written notice prior to the first PAD made under this agreement or prior to implementing any modifications I have requested.

**The CDS Participant must complete the following section and submit this form and the Plan Participant's "VOID" cheque to Computershare.**

### The undersigned CDS Participant hereby confirms as follows:

1. It is holding Units on behalf of the Plan Participant whose investment account number appears below;
2. The information below is accurate;
3. It directs Computershare to enrol the Plan Participant in the PACC service in accordance with this form; and,
4. It will allot the Units purchased under this PACC to the Plan Participant's investment account with this CDS Participant.

### Name of CDS Participant

### CUID

### Plan Participant Investment Account Number

### Plan Participant Name on Account

### CDS Participant Contact Name & Position Title

### CDS Participant Contact Phone & Email

### Authorized CDS Participant Signature

### Date (mm/dd/yyyy)

**Please return completed PACC Enrollment Form and VOID cheque to:**

Computershare, 9th Floor North Tower, 100 University Ave, Toronto Ontario M5J 2Y1