



AUTOMATIC WITHDRAWAL DEPOSIT PLAN

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CLIENT NAME:	ACCOUNT #:
CLIENT NAME:	

- NEW AWD PLAN
- CHANGE TO AN EXISTING AWD PLAN
- CANCELLATION OF AN EXISTING AWD PLAN

Frequency: Every two weeks Monthly Start Date:

Y	Y	Y	Y	M	M	D	D
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FUND NAME	FUND #	AMOUNT (\$)	UNITS
FIERA CAPITAL INCOME & GROWTH FUND, SERIES D	001		
FIERA CAPITAL DIVERSIFIED BOND FUND, SERIES D	002		
FIERA CAPITAL EQUITY GROWTH FUND, SERIES D	003		
FIERA CAPITAL GLOBAL EQUITY FUND, SERIES D	004		
FIERA CAPITAL CORE CANADIAN EQUITY FUND, SERIES D	007		
FIERA CAPITAL HIGH INCOME FUND, SERIES D	009		
FIERA CAPITAL US EQUITY FUND, SERIES D	012		
FIERA CAPITAL INTERNATIONAL EQUITY FUND, SERIES D	013		
FIERA CAPITAL DEFENSIVE GLOBAL EQUITY FUND, SERIES D	024		

BANKING INFORMATION (MANDATORY) ATTACH VOID CHEQUE

VOID

TERMS AND CONDITIONS

Fiera Capital Funds is a business name used by Fiera Capital Funds Inc. ("FCFI"), trademarks of Fiera Capital Corporation ("FCC"). FCFI is a wholly owned subsidiary of FCC. FCFI is a Member of the Mutual Fund Dealers Association of Canada ("MFDA"). FCC is the manager of the mutual funds and the units of the funds are offered pursuant to a prospectus. FCFI does not provide investment advice or recommendations regarding the purchase or sale of any securities. Investors are responsible for their own investment decisions.

This AWD is not effective until accepted by FCFI.

In this Automatic Withdrawal Deposit Plan ("AWD"), "I", "me" and "my" mean the client(s) or any individual authorized to give instructions on behalf of the client whose account is identified above.

I hereby authorize and request that FCFI redeems fund units according to the amounts or number of units identified above and to deposit the proceed of the redemption(s) to the account at the financial institution referred to above. I understand that I may change these instructions or cancel this AWD at any time provided that I notify FCFI, in writing (email or fax), by using a AWD Plan form, at least two (2) days prior to the next scheduled transaction.

By accepting and complying with this AWD, I hereby waive notification of the transactions specified herein and hereby ratify any and all such transactions. FCFI shall have no liability or responsibility for any loss or damage suffered or incurred by me in connection with the transactions contemplated by this AWD including, without limitation, any loss of interest, penalty under the Income Tax Act (Canada) or other losses or damages caused by, or resulting from complying with or any delay in complying with this AWD. I agree to indemnify and hold FCFI harmless against, and will pay FCFI promptly on demand for any loss, liability and expense, including legal costs, suffered or incurred by FCFI arising out of compliance with this authorization and direction. Registered Plans withdrawals are subject to applicable withholding tax.

I agree to release FCFI of all liability if the revocation is not respected. I hereby acknowledge that FCFI will accept changes to this AWD form solely from me or an authorized individual. I agree that the information in this AWD will be shared with the financial institution that you herein identified, insofar as the disclosure of this information is directly related to and necessary. I have requested this AWD and all other documents relating hereto to be in English. J'ai exigé que ce formulaire et tous les documents y afférant soient rédigés en anglais.

Signature of Client

Y	Y	Y	Y	M	M	D	D
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Date

Signature of Client

Y	Y	Y	Y	M	M	D	D
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Date