

A: Employee Plan Information

Employee Name _____ Phone _____

SIN # _____ Employee ID _____ Email _____

Email Policy - It is the Fund's policy not to send each shareholder a paper copy of certain types of documents, including Annual Regulatory Notices, Fund Financial Reports and Management report of Fund Performance, and periodic Fund updates including information about portfolio companies ("Documents"). The Fund will send e-mail notifications to those shareholders that have provided their email address, including in section A above, when electronic copies of certain Documents are available on the Fund's website and/or System for Electronic Document Analysis and Retrieval (SEDAR). By providing your email address, you are instructing the Fund to electronically deliver those Documents. The Fund will follow your instructions until you changes them, which you may do at any time by contacting the Fund.

B: Employer Information

Employer Name _____ Payroll Dept Contact _____

Address _____ City _____ Province _____ Postal Code _____

Phone _____ Fax _____

New Plan Change to Plan

Effective Date _____ RRSP: Yes No

Contribution Frequency:

- Monthly (12 pay periods)
- Semi-Monthly (24 pay periods)
- Bi-Weekly (26 pay periods)
- Weekly (52 pay periods)

Contribution Allocation:

GOF701 Class A-B (SK) _____ %
 GOF703 Class I-B (SK) _____ %
 GOF705 Class R-B (SK) _____ %
 GOF507 Class A-F (SK) _____ %
 GOF509 Class I-F (SK) _____ %
 GOF511 Class R-F (SK) _____ %

Total Annual Contribution Amount _____ ÷ Total Number of Contributions Per Year _____ = Amount Per Pay Period _____

Maximize the Tax Credit: To ensure my annual investment totals \$5,000 (which is the maximum amount that the 32.5% tax credit is available on annually), I am also interested in making a one-time contribution of: \$ _____
 (Complete to Section 4 of the Subscription Form to provide instruction for a Lump Sum contribution or Pre-authorized Contribution (PAC))

Please reduce the deductions withheld from my pay to the minimum allowable amount based on my payroll contributions to Golden Opportunities Fund. By completing and signing this form, I consent to the following:

- If electing an RRSP, I have sufficient RRSP contribution room.
- My contribution to the Labour-sponsored Investment Fund is within the limits to obtain Federal and Provincial Tax Credits (Maximum \$5,000 contribution annually).
- I authorize my employer's payroll department to release my name, address, telephone number and contribution amount to Golden Opportunities Fund Inc.
- I understand that my employer does not endorse Golden Opportunities Fund Inc., nor do they provide investment advice regarding this investment.
- The payroll department has the authority to deduct the above-noted pay period amounts from my regular pay and to act as agent to remit contributions to Golden Opportunities Fund Inc. I understand that the deductions will continue until such time that I notify my employer's payroll department through Golden Opportunities Fund Inc. that I wish to cease or change the above-noted contributions.

Employee Signature _____ Phone _____

Witness _____ Date _____

Investment Dealer _____ Dealer No. _____

Registered Rep. Name _____ Rep. No. _____

Cease Plan Contributions

Reason for ceasing plan contributions: _____

Employee Signature _____ Effective Date _____

Completed forms should be forwarded to:
 c/o Prometa Fund Support Services Inc.

Unit 220 - 155 Carlton St., Winnipeg, MB R3C 3H8 | Phone: 1-866-261-5686 | Fax: 1-866-585-5657 | Email: goldenopportunities@prometa.ca