



**BULLION MANAGEMENT GROUP INC.**  
**COOPERATIVE MARKETING PRE-APPROVAL REQUEST FORM**

TODAY'S DATE \_\_\_\_\_  
 mm/dd/yyyy

**ADVISOR INFORMATION**

COMPANY NAME \_\_\_\_\_

DATE OF EVENT \_\_\_\_\_  
 mm/dd/yyyy

REP NAME \_\_\_\_\_

CONTACT # \_\_\_\_\_

LOCATION \_\_\_\_\_

FAX # \_\_\_\_\_

**EVENT**

Advertising / Sales Communication

Trade Show

Investment Seminar

Other

PROGRAM DESCRIPTION \_\_\_\_\_

EST. TOTAL COST \_\_\_\_\_

AMOUNT REQUESTED \_\_\_\_\_

Other Fund companies/suppliers being approached:

FUND COMPANY NAME	AMOUNT	CONTACT NAME	FAX NUMBER
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

HOW COMPANY WILL BE IDENTIFIED:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CERTIFICATION**

The expenses noted above are eligible for reimbursement under the standards outlined in National Instrument 81-105, Mutual Fund Sales Practices ("the National Instrument"). The amount(s) claimed from all companies, in total, will not exceed the allowable limits outlined in the National Instrument.

\_\_\_\_\_  
 NAME OF BMG INC. REPRESENTATIVE

\_\_\_\_\_  
 SIGNATURE OF BMG INC. REPRESENTATIVE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 BMG INC. COMPLIANCE OFFICER

\_\_\_\_\_  
 SIGNATURE OF BMG INC. COMPLIANCE OFFICER

\_\_\_\_\_  
 DATE

**FUND COMPANY APPROVAL:**

The undersigned has reviewed all the relevant documentation pertaining to the reimbursement(s) above and has given authorization.

\_\_\_\_\_  
 AUTHORIZED SIGNATORY OF FUND COMPANY

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 SIGNATURE OF FUND COMPANY'S COMPLIANCE OFFICER

\_\_\_\_\_  
 DATE

PLEASE FORWARD A COPY TO:

**BULLION MANAGEMENT GROUP INC. (BMG INC.) - ATTENTION: SALES**  
**60 RENFREW DRIVE, SUITE 280, MARKHAM, ON L3R 0E1**  
**TEL: (905) 474-1001, FAX: (905) 474-1091**