

PREAUTHORIZED DEBIT AGREEMENT

CLIENT INFORMATION

Surname and First Name: _____

INFORMATION ON ACCOUNT TO BE CREDITED

REGISTERED ACCOUNT

TYPE: RRSP Spousal RRSP Restricted LSP Restricted LIF LIRA LIF
 RIF Spousal RIF RESP- Family RESP – Individual TFSA QSSP

Account: _____

Preauthorized debit amount: \$ _____ (minimum \$50.00 / debit)

Frequency of debits:

Weekly¹ Semi-monthly² One Time Withdrawal
 1st day of the month 15th day of the month 22nd day of the month

NON-REGISTERED

Account: _____

Preauthorized debit amount: \$ _____ (minimum \$50.00 / debit)

Frequency of debits:

Weekly¹ Semi-monthly² One Time Withdrawal
 1st day of the month 15th day of the month 22nd day of the month

First debit (yy/mm): _____ / _____

MODIFICATION(S)

- Change Amount from \$ _____ to \$ _____
- Change Frequency from _____ to _____ (Date specified by client: _____)
- Change Bank to (A new void cheque is attached)
- Stop

WITHDRAWAL AUTHORIZATION

I hereby authorize CI Investment Services Inc. ("CIIS") to debit my account in accordance with the terms and conditions regarding preauthorized debits stipulated in this agreement. I receive the right to revoke my authorization at any time by notifying CIIS in writing. I absolve CIIS of all responsibility if the cancellation is not respected, unless it is due to gross negligence on CIIS' behalf. I will inform CIIS of all changes to the information herein contained with a reasonable delay. I assent that my financial institution is not held to verify that they payment is deducted in accordance with my authorization. I acknowledge that the following consignment given to CIIS is the equivalent of giving same authorization to the financial institution which will effectuate the withdrawals from my account as indicated above.

¹ Weekly debits occur on the 1st, 8th, 15th and 22nd day of each month

² Semi-monthly debits occur on the 1st and 15th day of each month



CONDITIONS FOR REIMBURSEMENT

In the event that a withdrawal occurs in error, I will be reimbursed within 90 days of the withdrawal on behalf of CIIS by the financial institution which effectuates withdrawals from my account. Reimbursement will only occur for one or more of the following reasons:

- a. I have never given my written consent to CIIS
- b. The withdrawal was not done in accordance to my authorization
- c. My authorization was duly revoked
- d. The withdrawal was taken from the wrong account due to an error of the financial institution

I understand that I must make a written declaration to this effect, which must be given to the financial institution with which I deal, on the form which it will provide.

I, the undersigned, authorize CIIS to process periodic withdrawals from my financial institution, as identified below. I have read and accept the terms and conditions stipulated heretofore.

Signature of account holder (client)

Date

Signature of the Financial Advisor (if applicable)

Date

INFORMATION ON THE FINANCIAL INSTITUTION

Name of Financial Institution: _____ No. of Financial Institution: _____

Address: _____

Transit No. of Financial Institution: _____

Bank Account No.: _____

Name of Account Holder at the Financial Institution: _____

(Please attach a personalized cheque marked "CANCELLED" or a copy of a document issued by financial institution such as a statement of account)

Signature of the individual holding the account at the financial institution
(All account holders must sign this authorization)

Date

Internal Use Only (To be completed by CIIS Banking Department)	
Approved by:	Date: