

Please note : The data entered on this form may be scanned and stored electronically. Please print neatly in the spaces provided to ensure completeness, accuracy and machine readability.

Client Identification

Mr.
 Mrs. _____

Account / Policy Holder Last Name _____ First Name _____ Initials _____

Address _____ City _____ Province _____ Postal Code _____

Social Insurance Number _____ Home Telephone Number _____ Business Telephone Number _____

Receiving Institution Information

CI INVESTMENT SERVICES INC. C/O : ACCOUNT TRANSFERS Receiving Institution Client Account Number : _____

15 York Street, 2nd Floor, Toronto, ON, M5J 0A3

5085 BBSM 7 8 9 9 _____ 1.877.310.1088 416-288-8611 transfer_cis@ci.com

DTC# CUID# Dealer Rep. No Contact Telephone Number Fax Number E-mail

Registered type - RSP574-529 Registered type - RIF1329

RRSP Spousal RRSP LRSP LIRA _____ Province RRIF Spousal RRIF LRIF LIF _____ Province

Tax Free Saving Account Type - TFSA05740139

TFSA

Client Direction to Relinquishing Institution

Relinquishing Institution Name _____

Address _____ City _____ Province _____ Postal Code _____

Client Account / Policy Number _____ Group Plan Number (If applicable) _____

Transfer (check one box only)

All in kind All in cash* Partial* - as listed below or on attached list All assets* mixed in cash and in kind (as is), see list below or attached list

In Kind OR In Cash Investment Amount _____ Symbol and/or Certificate Number or Policy Number _____

Investment Description _____

In Kind OR In Cash Investment Amount _____ Symbol and/or Certificate Number or Policy Number _____

Investment Description _____

In Kind OR In Cash Investment Amount _____ Symbol and/or Certificate Number or Policy Number _____

Investment Description _____

Client Authorization

I hereby request the transfer of my account and its investments as described above.

PLEASE CANCEL ALL OPEN ORDERS (G.T.C. / SWF / PAC, ETC.) FOR MY ACCOUNT(S) ON YOUR BOOKS.

* Where I have requested a transfer in cash, I authorize the liquidation of all or part of my investments. I agree to pay any applicable fees, charges or adjustments.

I consent to the transfer of the account.

Signature of Account Holder _____ Date _____ Signature of Irrevocable Beneficiary (if applicable) _____ Date _____

For use By Relinquishing Institution Only

Please provide book value for equities.

Registered type RRSP LIRA LRSP Qualified RRIF Non Qualified RRIF LRIF LIF TFSA OTHER _____

Spousal Plan No Yes - If yes : _____

Locked-In : _____ Last Name _____ First Name _____ Initial _____ Social Insurance Number _____

No Yes Locked-in confirmation attached

Locked-in funds _____ Governing Legislation _____

Contact Name _____ Telephone Number _____ Fax Number _____

Authorized Signature _____ Date _____