

## Letter of Assumption

Date: \_\_\_\_\_

To: \_\_\_\_\_

We request your confirmation and acceptance of the income account's minimum and maximum limits as outlined below. Please kindly sign and return assumption letter by fax or email.

### Account Details:

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Client Account Number

\_\_\_\_\_  
Type of Account

\_\_\_\_\_  
Legislation/Jurisdiction as applicable

\_\_\_\_\_  
Annuitant or Spousal Age

\_\_\_\_\_  
Receiving Institution Name

\_\_\_\_\_  
Receiving Account Number

### Payment Details:

Plan Value (FMV) at the end of \_\_\_\_\_ : \_\_\_\_\_

\_\_\_\_\_  
Minimum Amount                      Maximum Amount

Amount Paid to Date in \_\_\_\_\_ : \_\_\_\_\_

Remaining Balance of Payment to be made before end of year \_\_\_\_\_ : \_\_\_\_\_

\_\_\_\_\_, agree to pay out the remaining balance noted above by \_\_\_\_\_ year end. Please kindly sign and return the assumption letter by fax or email.

\_\_\_\_\_  
Receiving Institution Representative

Regards,

CI Investment Services,



Scott Ferguson,

VP, Wealth Operations, Registered Products