

CLIENT INFORMATION

CLIENT NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

TELEPHONE _____

SOCIAL INSURANCE NUMBER _____

JOINT-ACCOUNT HOLDER SOCIAL INSURANCE NUMBER _____
 (Complete only if you are transferring a joint account)

DELIVERING INSTITUTION INFORMATION

INSTITUTION NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

CONTACT _____ TELEPHONE _____

RECEIVING INSTITUTION INFORMATION
CI Investment Services Inc.
 ACCOUNT TRANSFERS DEPARTMENT
 15 York Street,
 7th Floor,
 Toronto, Ontario, M5J 0A3
 Telephone: (1) 877-310-1088 Fax: (416) 288-8611
 Email: transfer@cidirecttrading.com
 CUID: **BBSM** DTC: **5085** DEALER: **7899** REP CODE:

This is my authorization to you to deliver to The Receiving Institution the account(s) you are carrying for me and to the Receiving Institution this account(s). This includes all securities long and short and debit or credit balance. Delivery is to be made by the Receiving Institution of all securities short against payment. These instructions are given subject to the Receiving Institution approval of my account(s).

ACCOUNT INFORMATION

ACCOUNT NUMBER(S) AT DELIVERING INSTITUTION	CAN or US	ACCOUNT NUMBER(S) AT RECEIVING INSTITUTION
1. _____		_____
2. _____		_____
3. _____		_____

TRANSFER INSTRUCTIONS

(CHECK ONE BOX ONLY)

All in kind (as is);

All in cash¹;

Partial (as listed below or on the attached list);

All assets Mixed – in cash¹ and in kind (as is) (as listed below or on the attached list).

ASSET LIST (Only for partial or mixed instructions)

1. in kind OR in cash ¹	Security Description	3. in kind OR in cash ¹	Security Description
2. in kind OR in cash ¹	Security Description	4. in kind OR in cash ¹	Security Description

CLIENT ACKNOWLEDGEMENT & CONSENT

In the event that, for any reason, any of the securities held for my account cannot be delivered to The Receiving Institution in accordance with this instruction, I request that you contact me in writing immediately, indicating the security affected and the reason for the inability to deliver. I acknowledge that you may require a fee to be paid prior to delivery of this account(s) and hereby instruct The Receiving Institution to pay or have deducted from any credit balance with you this fee in accordance with your current published schedule. I have also requested The Receiving Institution to act on behalf in the resolution of any incidental account differences or adjustments which may arise with you as a result of this transfer request.

PLEASE CANCEL ALL OPEN ORDERS (e.g. GTC, GTD) FOR MY ACCOUNT(S) ON YOUR BOOKS.

CLIENT NAME _____ CLIENT SIGNATURE _____ DATE _____

JOINT ACCOUNT HOLDER NAME _____ JOINT ACCOUNT HOLDER SIGNATURE _____ DATE _____
 (Complete only if you are transferring a joint account) (Complete only if you are transferring a joint account)

¹ Where I have requested a transfer in cash, I authorize the full liquidation of all or part of my investments as indicated. (08-2023)



**Authorization to Transfer
NON-REGISTERED ACCOUNT(S) ONLY**

15 York Street, 2nd Floor Toronto, ON M5J 0A3 Canada
Phone: 1.877.310.1088 Fax: 416.288.8611

**CI Financial Corp. Privacy Office
Canadian**

Subsequent Collection Form Standard Privacy Notice

CI Investment Services Inc. ("CIIS", "we", "our", "us") requires personal information to administer and provide services associated with your account ("Account Services"). We use the personal information collected on this form to provide the products and services you have requested, improve our products and services, and fulfill our legal and regulatory obligations. Additional privacy terms apply to use of our online services and certain other services. We are not responsible for Third Party Providers such as your financial advisor and their dealership, who process personal information in accordance with their own terms. We share your personal information with CI Financial company affiliates and their subsidiaries where necessary to administer and service your account. You have the right to request access to or correction of, or withdraw your consent to the processing of, your personal information. For more information, including with respect to our use of service providers outside of Canada or your province of residence, please contact our Privacy Officer or see the CIIS's Privacy Policy at <https://www.cifinancial.com/ci-is/ca/en/privacy.html>.