

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 FHSA
 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

**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>.

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