

Account number: \_\_\_\_\_

Account type: \_\_\_\_\_

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

**NOT FOR USE BY PERSONS DOMICILED IN THE PROVINCE OF QUEBEC.**

**Account Holder/Annuitant Information**

<input type="checkbox"/> Mr.				Mandatory
<input type="checkbox"/> Mrs.				Social Insurance Number
Last name	First name & initials	(mm/dd/yyyy)		
Home Address		Apt.	Birth Date	
City	Province	Postal Code	Home Phone Number	Business Phone Number

This Beneficiary & Contingency Beneficiary Designation Form is to apply to the above identified registered plan (the "Registered Plan") and will apply to all assets held under the Registered Plan. (Provide only one account number. Should you wish to designate beneficiaries and contingency beneficiaries for more than one account, a separate form for each account is required.)

**Designation of Beneficiary**

I understand that I am solely responsible for ensuring that the designation below is legally valid. I have received a copy of the Declaration of Trust of the Registered Plan and I am familiar with the contents thereof. In most provinces, pension legislation requires benefits from a pension plan to be paid to your spouse. If you have named someone other than your spouse as beneficiary, pension legislation may override this designation. If a beneficiary(ies) die before you unless otherwise specified on this form, we will make such transfer or payment of their portion to your legal personal representative. If you appoint more than one beneficiary (or contingent beneficiary, as the case may be), benefits will be paid in equal shares unless you specify otherwise below. I hereby revoke any previous beneficiary designation made in respect thereof and hereby designate the following as Beneficiary of the proceeds payable under such Plan in the event of my death:

1.	Name of beneficiary in full _____	Relationship to Account Holder _____
	Address of Beneficiary _____	Social Insurance Number _____ % Percentage Payable
2.	Name of beneficiary in full _____	Relationship to Account Holder _____
	Address of Beneficiary _____	Social Insurance Number _____ % Percentage Payable
3.	Name of beneficiary in full _____	Relationship to Account Holder _____
	Address of Beneficiary _____	Social Insurance Number _____ % Percentage Payable

**Designation of Contingent Beneficiary**

If the above named Beneficiary is **not living** at the time of my death, I hereby designate the following as **Contingent Beneficiary**:

1.	Name of beneficiary in full _____	Relationship to Account Holder _____
	Address of Beneficiary _____	Social Insurance Number _____ % Percentage Payable
2.	Name of beneficiary in full _____	Relationship to Account Holder _____
	Address of Beneficiary _____	Social Insurance Number _____ % Percentage Payable

If the above-named Contingent Beneficiary is not living at the time of my death, the proceeds of the Plan will be paid to my estate.

**Account Holder/Annuitant Signature**


Dated at \_\_\_\_\_ province of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Account Holder/Annuitant Signature

\_\_\_\_\_  
Name of Witness (print). Must not be related to Beneficiary

\_\_\_\_\_  
Signature of Witness

**Accepted on behalf of TSX Trust Company by its Agent,  
CI Investment Services Inc.**

  
\_\_\_\_\_  
Authorized Signature of Agent

\_\_\_\_\_  
Date

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**NOTES:**

**CAUTION:** i) In certain provinces, a beneficiary designation or any revocation thereof may be made only by a will and accordingly a beneficiary designation made herein may not be valid. Your beneficiary designation may not automatically change as a result of your future marriage or marriage breakdown. ii) Electronic beneficiary designations may be accepted but may not be legally valid/ enforceable/honoured, and if providing a beneficiary designation electronically you are strongly encouraged to also provide such beneficiary designation in ink. It is your sole responsibility to ensure that the beneficiary designation is effective and changed when appropriate.

**QUEBEC:** Any beneficiary designations made using this form by a person domiciled in Quebec, either at the time of execution or at the time of their death, may not be honoured and the assets of the Registered Plan may be payable to the estate of the deceased.

**GOVERNING LAW:** If you are domiciled in Canada when you die, this form will be governed by the laws of your province/territory of domicile at that time. If you are not, the laws of your Canadian province/territory of domicile at the time of execution of this form will apply. Otherwise, the laws of Ontario will apply.

**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>.