

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

<input type="checkbox"/> Mr. <input type="checkbox"/> 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, 7th Floor, Toronto, Ontario, M5J 0A3		Contact Name						
5085	BBSM	7	8	9	9	1 877 310-1088	416 288-8611	<a href="mailto:Transfer@cidirecttrading.com">Transfer@cidirecttrading.com</a>
DTC#	CUID#	Dealer	Rep. No		Contact Telephone Number	Fax Number	E-mail	
Registered Type – RSP 0667-003				Registered Type – RIF-1782				
<input type="checkbox"/> RRSP <input type="checkbox"/> Spousal RRSP <input type="checkbox"/> LRSP <input type="checkbox"/> RLSP <input type="checkbox"/> LIRA				<input type="checkbox"/> RRIF <input type="checkbox"/> Spousal RRIF <input type="checkbox"/> LRIF <input type="checkbox"/> RLIF <input type="checkbox"/> LIF				
Tax Free Saving Account Type – TFSA 06670046				First Home Savings Account Type – FHSA 36670024				
<input type="checkbox"/> TFSA				<input type="checkbox"/> FHSA				

### Client Direction to Relinquishing Institution Client Authorization

Relinquishing Institution Name			
Address	City	Province	Postal Code
Client Account / Policy Number	Group Plan Number (if applicable)		
<b>Transfer (check one box only)</b> <input type="checkbox"/> All in kind <input type="checkbox"/> All in cash* <input type="checkbox"/> Partial*- as listed below or on attached list <input type="checkbox"/> All assets* mixed in cash and in kind (as is). See list below or attached list.			
<input type="checkbox"/> In Kind OR <input type="checkbox"/> In Cash	Investment Amount	Symbol and/or Certificate Number or Policy Number	
Investment Description			
<input type="checkbox"/> In Kind OR <input type="checkbox"/> In Cash	Investment Amount	Symbol and/or Certificate Number or Policy Number	
Investment Description			
<input type="checkbox"/> In Kind OR <input type="checkbox"/> 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**

<b>Please provide book value for equities.</b>			
Registered type <input type="checkbox"/> RRSP <input type="checkbox"/> LIRA <input type="checkbox"/> LRSP <input type="checkbox"/> RLSP <input type="checkbox"/> Qualified RRIF <input type="checkbox"/> Non-Qualified RRIF <input type="checkbox"/> LRIF <input type="checkbox"/> RLIF <input type="checkbox"/> LIF <input type="checkbox"/> TFSA <input type="checkbox"/> FHSA <input type="checkbox"/> OTHER _____			
Spousal Plan <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes :			
Locked-In : <input type="checkbox"/> No <input type="checkbox"/> Yes	Last Name _____ <small>Locked-in confirmation attached</small>	First Name _____	Initial _____ Social Insurance Number _____
Locked-in funds _____		Governing Legislation _____	
Contact Name _____		Telephone Number _____	Fax Number _____
Authorized Signature _____			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>.