

## SYSTEMATIC WITHDRAWAL PLAN (SWP)

### CLIENT INFORMATION

Surname and First Name: \_\_\_\_\_

### INFORMATION ON ACCOUNT TO BE DEBITED

#### REGISTERED ACCOUNT

**TYPE:**  RIF  Spousal RIF  LIF  Restricted LIF  TFSA

CIIS Account: \_\_\_\_\_

Preauthorized debit amount: \$ \_\_\_\_\_ Special Tax Rate: \_\_\_\_\_

Frequency of debit:

Weekly  Monthly  Every Two Months  Quarterly  Every Four Months  Semi-Annually  Annually  One Time

Effective Date (yy/mm/dd): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ End Date (yy/mm/dd): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#### NON-REGISTERED

CIIS Account: \_\_\_\_\_

Preauthorized debit amount: \$ \_\_\_\_\_

Frequency of debits:

Weekly  Monthly  Every Two Months  Quarterly  Every Four Months  Semi-Annually  Annually  One Time

Effective Date (yy/mm/dd): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ End Date (yy/mm/dd): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### 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 INSTRUCTIONS

EFT to Bank Account

Cheque

Other (see Special Instructions)

#### SPECIAL INSTRUCTIONS

**WITHDRAWAL AUTHORIZATION**

I hereby authorize CI Investment Services Inc. (“CIIS”) to debit my CIIS account in accordance with the terms and conditions regarding systematic withdrawals 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, the undersigned, authorize CIIS to process periodic withdrawals from my CIIS account, as identified above. 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

<b>Internal Use Only (To be completed by CIIS Banking Department)</b>	
Approved by:	Date: