



15 York Street, Toronto, Ontario M5J 0A3 Canada Phone: 1.877.310.1088 Fax: 416.288.8611

Email Address

Primary Telephone Number

D. AUTHORIZED INDIVIDUAL INFORMATION

The following individuals are authorized to execute agreements and provide instructions with respect to this account. Any signature(s) is/are required to execute agreements and transactions. For Corporations, please fill out the Corporate Resolution form; the same individuals (maximum of three) will be required to sign this form.

INDIVIDUAL #1

You are completing this section as: Officer Partner Trustee Owner Board Member Other:

First Name Initial Last Name Date of Birth (MM/DD/YYYY)

Residential Address Mailing Address (if different)

Address (include street number and unit/suite number) Address (include street number and unit/suite number)

City/Town Province City/Town Province

Postal Code Country Postal Code Country

Email Address Social Insurance Number

Business Phone Number Cell Phone Number Home Phone Number

Citizenship (check all that apply): Canadian U.S. Other (please specify)

Employment Status: Employed Self-Employed Not Employed1 Retired1 Other (please specify)

1 If retired or not employed, please provide pre-retirement occupation or former employment:

Name of Employer Address of Employer

Nature of Business Occupation / Position held Specimen Signature

INDIVIDUAL #2

You are completing this section as: Officer Partner Trustee Owner Board Member Other:

First Name Initial Last Name Date of Birth (MM/DD/YYYY)

Residential Address Mailing Address (if different)

Address (include street number and unit/suite number) Address (include street number and unit/suite number)

City/Town Province City/Town Province

Postal Code Country Postal Code Country

Email Address Social Insurance Number

Business Phone Number Cell Phone Number Home Phone Number



15 York Street, Toronto, Ontario M5J 0A3 Canada Phone: 1.877.310.1088 Fax: 416.288.8611

D. AUTHORIZED INDIVIDUAL INFORMATION

INDIVIDUAL #2 (CONTINUED)

Citizenship (check all that apply): Canadian U.S. Other (please specify) _____

Employment Status: Employed Self-Employed Not Employed¹ Retired¹ Other (please specify) _____

¹ If retired or not employed, please provide pre-retirement occupation or former employment:

Name of Employer _____

Address of Employer _____

Nature of Business _____

Occupation / Position held _____

Specimen Signature _____

INDIVIDUAL #3

You are completing this section as: Officer Partner Trustee Owner Board Member Other: _____

First Name _____ Initial _____

Last Name _____ Date of Birth (MM/DD/YYYY) _____

Residential Address _____

Mailing Address (if different) _____

Address (include street number and unit/suite number) _____

Address (include street number and unit/suite number) _____

City/Town _____ Province _____

City/Town _____ Province _____

Postal Code _____ Country _____

Postal Code _____ Country _____

Email Address _____

Social Insurance Number _____

Business Phone Number _____

Cell Phone Number _____

Home Phone Number _____

Citizenship (check all that apply): Canadian U.S. Other (please specify) _____

Employment Status: Employed Self-Employed Not Employed¹ Retired¹ Other (please specify) _____

¹ If retired or not employed, please provide pre-retirement occupation or former employment:

Name of Employer _____

Address of Employer _____

Nature of Business _____

Occupation / Position held _____

Specimen Signature _____

E. BENEFICIAL OWNERSHIP STRUCTURE

I certify that no natural person is a beneficial owner or exercises direct or indirect control or direction of greater than 25% of the Entity. The Entity will promptly notify CI Investment Services ("CIIS"), in writing, of any changes. Yes, I certify No

If you selected no, please provide the following information for any individual who is a beneficial owner of, or exercises direct or indirect control or direction over, 25% or more of the voting securities of the Entity (if the Entity is a corporation), or who exercises control over the affairs of the Entity (including investors that own greater than 25% of an unregulated fund). If the Entity is a trust, all beneficial owners or class of beneficial owners must be documented, regardless of percentage ownership. If additional space is required, please use a separate sheet.

Direct Indirect (indicate name of entity in which ownership is held): _____

INDIVIDUAL #1

 First Name Initial Last Name Percentage of Interest in the Entity _____%

 Date of Birth (MM/DD/YYYY) Citizenship Name of Employer Occupation

Address (include street and unit/suite number)

 City/Town Province Postal Code Country

Is this individual an insider or controlling shareholder of a reporting issuer or any other issuer whose securities are publicly traded? No Yes If yes, include:

Name of Issuer _____ Ticker _____ Where are shares/units traded? _____

INDIVIDUAL #2

 First Name Initial Last Name Percentage of Interest in the Entity _____%

 Date of Birth (MM/DD/YYYY) Citizenship Name of Employer Occupation

Address (include street and unit/suite number)

 City/Town Province Postal Code Country

Is this individual an insider or controlling shareholder of a reporting issuer or any other issuer whose securities are publicly traded? No Yes If yes, include:

Name of Issuer _____ Ticker _____ Where are shares/units traded? _____

INDIVIDUAL #3

 First Name Initial Last Name Percentage of Interest in the Entity _____%

 Date of Birth (MM/DD/YYYY) Citizenship Name of Employer Occupation

Address (include street and unit/suite number)

 City/Town Province Postal Code Country

Is this individual an insider or controlling shareholder of a reporting issuer or any other issuer whose securities are publicly traded? No Yes If yes, include:

Name of Issuer _____ Ticker _____ Where are shares/units traded? _____

F. ENTITY MANAGEMENT STRUCTURE

1. Please list the name of all the Senior Officer. If more than five persons, please use a separate sheet.

Name	Position	Occupation (if "Retired", please provide previous occupation)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

2. Please list the names of all the Directors. If more than five persons, please use a separate sheet.

Name	Position	Occupation (if "Retired", please provide previous occupation)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

3. TRUSTS

Please complete this section for Trustees, Settlers, and Grantors of the Trust, Protector (if any) and any individual(s) exercising ultimate control over the trust.

INDIVIDUAL #1

Role (select one): Trustee Settlor Grantor Protector Individual exercising control over the trust

_____	_____	_____	_____	_____
Name	Home Address	City/Town		
_____	_____	_____	_____	_____
Province	Postal Code	Primary Phone Number	Secondary Phone Number	Email Address
Is the Trustee/Settlor/Grantor an insider or controlling shareholder of a publicly traded corporation or similar entity? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If yes, Name of Company _____ Percentage of Interest _____%				

INDIVIDUAL #2

Role (select one): Trustee Settlor Grantor Protector Individual exercising control over the trust

_____	_____	_____	_____	_____
Name	Home Address	City/Town		
_____	_____	_____	_____	_____
Province	Postal Code	Primary Phone Number	Secondary Phone Number	Email Address
Is the Trustee/Settlor/Grantor an insider or controlling shareholder of a publicly traded corporation or similar entity? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If yes, Name of Company _____ Percentage of Interest _____%				

INDIVIDUAL #3

Role (select one): Trustee Settlor Grantor Protector Individual exercising control over the trust

_____	_____	_____	_____	_____
Name	Home Address	City/Town		
_____	_____	_____	_____	_____
Province	Postal Code	Primary Phone Number	Secondary Phone Number	Email Address
Is the Trustee/Settlor/Grantor an insider or controlling shareholder of a publicly traded corporation or similar entity? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If yes, Name of Company _____ Percentage of Interest _____%				

G. TRADING AUTHORIZATION

Please complete a Corporate Resolution Document naming the Authorized Individuals and Traders who have authority to give instructions in the account.

H. ELECTRONIC FUND TRANSFER (EFT)

A corporate cheque specimen or bank reference letter is required to open the account and effect electronic fund transfers.

I. REGULATORY PROFILE

1. Is the Entity: For Profit Not for Profit

If NOT FOR PROFIT, is the corporation a charity registered with the Canadian Revenue Agency under the *Income Tax Act*?

No If no, does the Corporation solicit charitable financial donations from the public? No Yes

Yes If yes, please provide the Registration Number: _____

2. Does the Entity, singly or as member of a group, own 10% or more shares of any publicly traded company?

No Yes If yes, please provide specifics below. If more than two companies, please use a separate sheet.

Name of the Company

Exchange Symbol

Name of the Company

Exchange Symbol

3. Is a beneficial owner (25% or more), officer, director or a member of his/her household a director, officer, employee or agent of a securities dealer, or of a stock exchange or the Canadian Investment Regulatory Organization (CIRO)?

No Yes If yes, please provide specifics below. If more than two persons, please use a separate sheet.

Name of the Person

Relationship to the Applicant

Name of the Company/Organization

Position with Company

Name of the Person

Relationship to the Applicant

Name of the Company/Organization

Position with Company

4. What is the intended use of the account(s) at CI Investment Services Inc.?

Purpose of Account: _____

Source of Funds

Please include the source of the funds that you are investing by indicating all choices applicable to your situation:

Income / Working Capital Donations Sale of Assets

Proceeds from investments Contributions Other (please specify): _____

5. Anticipated Activity

Trades per month: _____ Dollar Activity per month \$ _____ Estimated Annual Income or Revenue: \$ _____

6. Is any Beneficial Owner (25% or more) or person with authority over or connected to this account, or any of their Family Members¹:

a) considered a Politically Exposed Foreign Person (PEP)² Yes No

b) considered a Politically Exposed Domestic Person (DPEP)³? Yes No

c) considered a Head of an International Organization (HIO)⁴ Yes No

d) Closely Associated (CA)⁵, for business or personal reasons, with a person deemed a PEP, PEDP and/or HIO? Yes No

¹ Family members include the person's children, parents, spouse or common-law partner and parents of the spouse or common-law partner and the children of the person's mother or father (siblings).

² A Politically Exposed Foreign Person (PEP) is a person who holds or has held one of the following offices or positions in or on behalf of a foreign state: head of state or head of government; member of the executive council of government or member of a Legislature; deputy minister or equivalent rank; ambassador or attaché or counselor of an ambassador; military officer with a rank of general or higher; president of a state-owned company or a state-owned bank; head of a government agency; Judge of a supreme court, constitutional court or other court of last resort; or a leader or president of a political party represented in a legislature.

³ Politically Exposed Domestic Person (DPEP) is a person who currently holds, or has held within the last 5 years, a specific office or position or on behalf of the Canadian federal government, a Canadian provincial (or territorial) government, or a Canadian municipal government. Specifically, the person has held the office or position of: Governor General, lieutenant governor or head of government; member of the Senate or House of Commons or member of a legislature; deputy minister or equivalent rank; ambassador, or attaché or counsellor of an ambassador; military officer with a rank of general or above; president of a corporation that is wholly owned directly by Her Majesty in right of Canada or a province; head of a government agency; judge of an appellate court in a province, the Federal Court of Appeal or the Supreme Court of Canada; leader or president of a political party represented in legislature; or mayor, reeve or other similar

chief officer of a municipal or local government*. A person ceases to be a Domestic PEP 5 years after they have left office or 5 years after they are deceased.

*In line with legislation across Canada, municipal governments include cities, towns, villages, and rural (county) or metropolitan municipalities. As such, a mayor is the head of a city, town, village and rural or metropolitan municipality, regardless of the size of the population.

⁴ A **Head of an International Organization (HIO)** is a person who currently holds or has held within the last 5 years the specific office or position of head of an international organization and the international organization that they head or were head of is either: a) an international organization established by the government of states; b) an institution of an organization referred to in a) above; c) an international sports organization.

⁵ **Close Associate (CA)** of a PEP, DPEP or HIO, means an individual who is widely and publicly known to maintain an unusually close relationship with the PEP, DPEP, or HIO, and includes an individual who is in a position to conduct substantial domestic and international financial transactions on behalf of the PEP, DPEP, or HIO.

7. Will any other person(s) or entity(s) have any financial interest in this account, or will the account be used by a person other than the entity and its authorized individuals or for the benefit of a third party? No Yes

If yes, please indicate the specifics below. If additional space is required, please use a separate sheet.

1. If an Individual

Name of Individual _____ Date of Birth (MM/DD/YYYY) _____ Nature of Principal Business or Occupation _____

Address (include street, unit/suite number, city/town, province) _____ Country _____

Name of Employer _____ Type of Business _____

Employer Address (include street, unit/suite number, city/town, province) _____ Country _____

Phone Number _____ Email Address _____ Relationship to the Account or with Entity _____

2. If an Entity

Name of Entity _____ Registration/Incorporation Number _____ Place of Establishment _____ Establishment Date (DD/MM/YYYY) _____

Address (include street, unit/suite number, city/town, province) _____ Phone Number _____

Nature of Principal Business _____

8. Exemptions

Does the entity qualify as any of the following? No Yes (If yes, please check the relevant box below)

- a financial entity, a securities dealer, a life insurance company, or an investment fund regulated by provincial securities legislation
- an Affiliate of a financial entity if the affiliate carries out activities similar to those of a financial entity, life insurance company or securities dealer
Name of financial entity _____
- a client where the instructions for the account are authorized by a financial entity, a securities dealer, a life insurance company or an investment fund regulated by provincial securities legislation
Name of financial entity _____
- public body, where "body" means any of the following or their agent:
 - a Canadian provincial or federal department or Crown agency;
 - an incorporated Canadian municipal body (including an incorporated city, town, village, metropolitan authority, district, county, etc); or
 - a hospital authority. A hospital authority means an organization that operates a public hospital and that is designated to be a hospital authority for GST/HST purposes; or
- a very large corporation where the corporation meets all the criteria below:
 - has minimum net assets of \$75 million on its last audited balance sheet (please provide a copy of last audited balance sheet);
 - the shares are traded on a Canadian stock exchange or on a stock exchange outside Canada that is designated by the Minister of Finance – and
 - the corporation operates in a country that is a member of the financial action Task Force (FATF).

If YES, the Client qualifies as an exempt entity under the Proceeds of Crime (Money Laundering) and Terrorist Financing Regulations.

J. NATIONAL INSTRUMENT 54-101: COMMUNICATION WITH BENEFICIAL OWNERS OF SECURITIES OF A REPORTING ISSUER

Part 1 - Disclosure of Beneficial Ownership Information

Please indicate whether you do or do not object to us disclosing your name, address, electronic mail address, securities holdings and preferred language of communication (English or French) to issuers of securities you hold with us and to other persons or companies in accordance with securities law.

- I / We **DO NOT OBJECT** to you disclosing the information described above.
- I / We **DO OBJECT** to you disclosing the information described above.

Please note that if you **DO OBJECT**, securities regulations dictate that you will be responsible for costs incurred by Canadian reporting issuers for delivering mandatory security-holder materials to you.

Part 2 - Receiving Security-holder Materials

As beneficial owner(s) of securities of Canadian reporting issuers you have the right to receive all of the following security-holder materials: a) proxy-related materials for annual and special meeting b) financial statements and annual reports that are not part of proxy-related materials; and c) materials sent to shareholders that are not required by corporate or securities law to be sent.

Please indicate your choice of materials that you wish to receive:

- I / We **WANT** to receive **ALL** security holder materials sent to beneficial owners of securities.
- I / We **WANT** to receive **ONLY** proxy-related materials that are sent in connection with a special meeting.
- I / We **DECLINE** to receive **ALL** security holder materials sent to beneficial owners of securities. Even if I/we decline to receive these types of materials, I/we understand that a reporting issuer or other person or company may send these materials to us at its own expense.

Please Note: These instructions do not apply to any specific request you give or may have given to a reporting issuer concerning the sending of interim financial statements of the reporting issuer. In addition, in some circumstances, the instructions you give in this client response form will not apply to annual reports or financial statements of an investment fund that are not part of proxy-related materials. An investment fund is also entitled to obtain specific instructions from you on whether you wish to receive its annual report or financial statements, and where you provide specific instructions, the instructions in this form with respect to financial statements will not apply.

Part 3 - Preferred Language of Communication

Please indicate your preferred language of communication. I/We understand that the materials I / we receive will be in my/our preferred language of communication, if the materials are available in that language.

- English French

Part 4 - Agreement Governing Electronic Delivery of Documents

In accordance with securities law, only upon your agreement we can deliver certain documents by electronic means. Please indicate whether or not you wish to receive these documents electronically:

- I / We **OBJECT** to the Broker delivering electronically to us the documents mentioned in Part 2.
- I / We **DO NOT OBJECT** to the Broker delivering electronically to me/us the documents mentioned in Part 2 in respect with the following terms and conditions:

The Client(s) certify(ies) that he/she/they have the capacity and the technical equipment (computer, telephone or other necessary equipment) enabling them to receive from the Broker the document mentioned above by electronic means, particularly but not exclusively via the Internet, to access the said documents and to read it. The Client(s) agree(s) that all documents received by electronic means have the same legal validity and shall be binding toward the Broker and the Client(s) in the same manner as if they were received in a paper form. The paper version of the document above mentioned is available at the request of the Client(s), either verbal or written. A paper version of the document will also be sent automatically to the Client(s) every time the electronic delivery is impossible for any reason. It is understood that the Broker shall not be liable for losses, directly or indirectly incurred by the Client(s), with respect to any electronic delivery of documents. Without limiting the generality of the previous, the Broker shall not be liable in the event of a breakdown of the Client(s) equipment nor for the interruption of any electronic delivery of documents. The Broker has taken all reasonable measures at its disposal to ensure the confidentiality of all electronic delivery of documents and the Client(s) personal information. However, the Broker shall not be liable for losses directly or indirectly incurred by the Client(s) if an unauthorized third party succeeds in penetrating the security systems adopted by the Broker or the security system protecting the Client(s) own equipment. The Client(s) accept(s) the risks inherent in the communication and delivery of documents by electronic means, notably via the Internet. The Client(s) undertake(s) to inform the Broker of any change with respect to their electronic mail address.

Part 5 - Modification of Instructions

I / We understand that these instructions may be changed at any time by giving written notice to the Broker and that will be made as soon as possible.

- I / We have read and understand the explanation that you have provided to me/us in connection with National Instrument 54-101, "Communication with Beneficial Owner of Securities of a Reporting Issuer". The choices I /we have indicated above apply to all of the securities held in my /our account(s).

K. GENERAL DISCLOSURES & AGREEMENTS

1. Consent to Electronic Delivery

I/We, the undersigned, CONSENT to receive all communications, notices and documents that CI Investment Services Inc. ("CIIS") elects to send me/us by electronic delivery, including Trade Confirmations, Account Statements, Prospectuses, Canadian Investor Protection Fund Brochure, Investor Protection for Clients of CIRO Member Firms Brochure, and CIIS Customer Agreements & Disclosures Booklet.

Authorized Individual 1 Signature

Date (DD/MM/YYYY)

Authorized Individual 2 Signature (*if applicable*)

Date (DD/MM/YYYY)

2. Other Disclosures and Agreements Summary

In addition to above disclosures and agreements, I/we, the undersigned, acknowledge that I/we have read, understand and AGREE to all the following disclosures and agreements as found in CI Investment Services Inc. Disclosures & Customer Agreements.

- [Relationship Disclosure](#)
- [Financing of Securities Transactions and Leverage Risk](#)
- [Short Selling of Securities](#)
- [Subscription to New Issue Offerings](#)
- [Leveraged and Derivative-based Exchange-traded Instruments](#)
- [Transfer of Funds and Securities](#)
- [Trading Authorization Agreement](#)
- [Joint Account Agreements \(Joint Accounts only\)](#)
- [Margin Agreement](#)
- [Risk Disclosure Statement for Options](#)
- [Option Trading Agreement](#)

I/we, the undersigned, acknowledge that I/we have read and understand the following.

- [Investor Protection for Clients of CIRO Regulated Firms](#)
- [Canadian Investor Protection Fund \(CIPF\)](#)

Authorized Individual 1 Signature

Date (DD/MM/YYYY)

Authorized Individual 2 Signature (*if applicable*)

Date (DD/MM/YYYY)

3. Privacy and Use of Client Personal Information

I/We, the undersigned, acknowledge that I/We have read, understand and AGREE to Privacy and Use of Client Personal Information as found in CI Direct Trading (or CI Investment Services Inc.) Disclosure & Customer Agreements.

APPLICANT CERTIFICATION (TO BE SIGNED BY THE NUMBER OF AUTHORIZED INDIVIDUALS REQUIRED UNDER THE CORPORATION BY-LAWS)

I/we, the undersigned, CERTIFY that (i) I/we am/are authorized and empowered by the Corporation to open and operate this account, (ii) the information provided in this application and related documents is true, accurate and complete and it may be relied upon by CI Investment Services Inc. until the Corporation sends a written notice signed by an Authorized Individual informing CI Investment Services Inc. of any changes, and (iii) I/we have read, understand and AGREE with all disclosures and agreements in this document and CI Investment Services Inc. Disclosures & Customer Agreements Booklet. I/we understand that the Corporation is bound by all agreements and contractual obligations specified in this document and all other agreements in CI Investment Services Inc. Disclosures & Customer Agreements Booklet that pertain to the account type(s).

I/we authorize CI Investment Services Inc. to verify all information provided here and conduct identity, employment, credit and financial checks as it deems appropriate with regard to approving this application and maintaining this account.

It is the express wish of the parties that this Document and all agreements, notices and other communications relating to the operation of the Account be drawn up in English only. *Il est de la volonté expresse des parties que ce contrat et tous les documents avis et autres communications qui concernent l'opération des Comptes conjoints soient rédigés en langue anglaise seulement.*

Authorized Individual 1 Name	Signature	Date (DD/MM/YYYY)
Authorized Individual 2 Name <i>(if applicable)</i>	Signature	Date (DD/MM/YYYY)
Other Authorized Individual Name <i>(if applicable)</i>	Signature	Date (DD/MM/YYYY)

COMMISSION-FREE TRADING ACCOUNT AGREEMENT

(For Commission-Free Account ONLY)

Client Name: _____

Account Number: _____

Internal Use Only (To be completed by CIIS)

CLIENT CONSENT

In addition to CI Investment Services Inc. "[Relationship Disclosure](#)", I/we, the undersigned, acknowledge that I/we have read, understood and AGREED to the additional [Terms and Conditions](#), [Platform & Data Fees](#), [Administrative Fees](#) and any other related charges for having a "Commission-Free" trading account, all detailed on www.virtualbrokers.com.

Applicant Name

Applicant Signature

Date (DD/MM/YYYY)

Joint Applicant Name (If applicable)

Joint Applicant Signature (If applicable)

Date (DD/MM/YYYY)

TRADING PLATFORM SELECTION

Please select your [application-based trading platform](#) from the following list. If you wish to switch your trading platform, please contact us at 1.877.310.1088 for assistance.

PLATFORM OPTIONS	FEE PER MONTH [†]
<input type="checkbox"/> PowerTrade Pro	\$250 USD
<input type="checkbox"/> RealTick	from \$400 USD ^{††}
<input type="checkbox"/> ITS TraderLite	from \$580 USD ^{††}
<input type="checkbox"/> IRESS	from \$1120 USD ^{††}

[†] Platform fee is subject to change without advanced notice. To see most updated platform fees please visit www.virtualbrokers.com.

^{††} Note: A 20% platform handling fee markup (minimum \$150 USD/month) will be added to the market price for this platform. Please contact us at 1.877.310.1088 for details on fees and eligibility.

APPLICATION CHECKLIST

1. New Account Application Form (signed and dated original copy)
2. If a Commission-Free All-in-One account: Commission-Free Trading Account Agreement
3. Corporate Resolution Document
4. Guarantee Agreement
5. W-8BENE Form
6. W9 Form (*For each Beneficial Owner who is a U.S. Citizen*)
7. Articles of Incorporation or Equivalent, and Certificate of Status or other documentation evidencing continued existence
8. Waiver of Confidentiality Form (*For each Beneficial Owner who is a U.S. Citizen*)
9. A void corporation cheque or a bank reference letter
10. A personal cheque for the amount of \$1.00 CAD drawn on a Canadian bank, trust company, credit union, caisse populaire or Government savings office, for all authorized individuals and traders payable to *CI Investment Services Inc.*
11. High resolution photocopy of scan of a Driver's License or Passport for all authorized individuals and traders
12. If transferring account(s) to CI Investment Services Inc., signed and dated Non-Registered Transfer Authorization Form

APPLICATION SUBMISSION INSTRUCTIONS

1. Please fax or scan and email your completed, signed and dated application documents to CI Investment Services Inc. for pre-screening.
2. CI Investment Services Inc. will then screen your application documents and notify you via email of any deficiencies or, alternatively, confirm that your application was completed properly. Once you have received clearance from CI Investment Services Inc. as to the completeness of your application, please mail the signed original application and supporting documentation to CI Investment Services Inc.

Fax: 416.288.8611

Email: transfer@cidirecttrading.com

Mailing Address CI Investment Services Inc.
15 York Street, 2nd Floor
Toronto, Ontario M5J 0A3 Canada
ATTN: New Accounts

In-Person 1.877.310.1088 or 416.288.8028
(By Appointment Only)

Once your account is opened, you will receive, via email, a Welcome Message with your account number and access information.