

Declaration of Transmission for Québec

- · To avoid delays in processing this Declaration of Transmission form, please ensure the advisor of record has notified CI of the deceased's date of death.
- · Refer to the CI Estate Guide on how to complete this form and for a list of requirements. For assistance, please contact CI Client Services at 1-800-792-9355.

The person(s) signing this Declaration of Transmission, being all of the liquidator(s) of the estate of the deceased, make(s) the following declaration to CI Global Asset Management ("CI"):

In the matter of the estate of:								
First Name		Middle Initia	Middle Initial		Last Name			
At the time of death, the decease	ed was the regis	tered holder of the	e following a	ıccount(s) v	vith CI:			
The deceased died on Date of D	eath (MM/DD/	, and at the	date of dea	th was don		ccount Number(s)		
Street Address		Apt/Unit No.	City			Province/S	State	Postal Code
The deceased was (select one):	Married	Common-law	Never M	larried	Separated	Widowed	Divorced	Date of Divorce (MM/DD/YYYY)
The matrimonial regime of the deceased was (select one):	Community	of Property	Partnership	of Acquest	s Separ	ation as to Propert	ty Unk	rnown
The regime was established by marriage contract (select one):	Yes	No	Unknown					
For locked-in plans: At the time o	f death, the dec	eased had a spous	se or pensior	n partner as	defined by t	he applicable pens	ion legislatio	on:
No Yes (provide name	of spouse/partn	er): First Name				last News		
Note: The matrimonial regime of t	ha daraasad if :		no provision	ns affecting	transmission (Last Name	crihad in Sac	tion 6 of this declar
The provisions of the partition of t				_			cribca iii sec	tion o or this acciai
	ine ranning pacini	iony under the eiv	ii code oi qu	cocc were c	n viii be respe	терпеция.		
2. Liquidators (Mandatory)								
The liquidator(s) is (are) (additiona	l liquidator(s) an	d their respective a	ıddresses can	be provide	d in Section 5)	:		
First Name		Middle Initia	<u> </u>	Last Nam	ne			
Phone Number		Street Addre	SS					Apt./Unit No.
City				Province				Postal Code
First Name		Middle Initia	ıl	Last Nan	ne			
Phone Number		Street Addre	SS					Apt./Unit No.
				Province				Postal Code

E N							
First Name		Middle Initial	Last Name				
Phone Number		Street Address			Apt./Unit	t No.	
City			Province		Postal Co	ode	
3. Declaration (Manda	itory)						
I (We) declare that a testan of Notaries and the Québe				of a valid will and the search certificat	tes from the Q	uébec Cha	amber
Died testate and the	will was not amended or	revoked and I (we) h	nave submitted along with	h this document one of the followir	ng:		
Notorial will and a		MM/DD/YYYY)	Will clause	in a marriage contract, dated: Dat	e (MM/DD/Y)	<u>/YY)</u>	
Died intestate and I (v	we) have submitted along	g with this documen	t one or both of the follo	wing:			
Appointment of li	quidator(s)						
Declaration of hei	rship with designated liq	uidator(s) (additiona	al heir(s) and their adult/n	ninor status can be provided in Sect	ion 5):		
First Name		Middle Initial	Last Name		Minor:	Yes	No
					N 45	V.	NI.
First Name		Middle Initial	Last Name		Minor:	Yes	No
					Minor:	Yes	No
First Name		Middle Initial	Last Name		Willion.	163	110
					Minor:	Yes	No
First Name		Middle Initial	Last Name				
4. Settlement Instruc	tions (Mandatory)						
By virtue of the foregoing,	the liquidator(s) or heir(s)	authorize and instru	ict CI to have the above-m	entioned account(s) settled as follow	S:		
A. Redeem (select one):	Redeem all assets	RIE/LIE Minir	num Annual Payment				
A. Nedecti (Sciect one).	Nedectiff all assets		•	if transfer instructions are provide nplete the request.	ed in Section 4	4B where	e MAP
Payment method (select	one):						
Electronic Funds Trans	fer (EFT) (provide bankin	g information below	v or attach a copy of a voi	d cheque):			
Transit Number	Bank Number	Account Numbe	r	Account Holder's Name	e		
Cheque payable to: _							
Mailing Address: Street	Address				Apt./Unit	No.	
City			Province		Postal Co		

International wire transfer (provide full wire transfer details in Section 5 or attach instructions) Note: A \$25 service fee will be applied to the redemption.

4. Settlement Instructions (M	andatory) (Continued)					
B. Transfer (select one):						
Transfer to new CI account:	Client-held (attach Cl accou) Nominee/Intermediary-held (attach setup blotter)			blotter)	
Transfer to existing CI account:	CI Account Number	Receiving Account Holder's Name				
Note: Please provide investment instructions for the receiving account in Section 5. If no in						
Segregated Fund Death Claims: Upo	_					
investment instructions are provide						, warker and. If no
Transfer in-cash to another final						
(Important: Provide RIF/LIF minimu	ım annual payment instructions i	n Section4A if MAP	oayout is require	d to complete th	ie transfer request	.)
Receiving Institution					FundServ A\$M C	ode (if applicable)
Street Address		Apt/Unit No.	City		Province/State	Postal Code
Account Number	Registration/Plan Type	Receiving Accou	nt Holder's Name	1	Social Insurance	Number
Mutual Fund Tax-Free Savings Acco RC240 must be filed with the CRA wi Continue existing TFSA plan as S Transfer to new CI account (atta Transfer to existing CI account:	ithin 30 days of the transfer.):			,,		
manifer to existing er account.	CI Account Number		Receiving A	ccount Holder's N	Name	
Note: Please provide investment in	structions for the receiving accour	nt in Section 5. If no	nvestment instru	uctions are provid	ded, the funds will	be transferred as is.
Segregated Fund Policy:						
Continue original investment te	erms (If option is available for the	plan/contract. RRSF	and locked-in p	lans will be trans	ferred to a new ac	count.)
Note: If this section has not been co and the Death Benefit will be		tory proof of death,	CI will switch all	account holdings	s to the front-end	Money Market Fund
Sun <i>Wise</i> Elite Plus (SWEP), Sun <i>Wise</i> spousal or contract continuance.	? Essential Series (SWESS), and Sui	n <i>Wise</i> Essential Seri	es 2 (SWESS 2) co	ontracts: Refer to	Section 6 for ava	ilable options upon
D. Spousal Plans						
Remove spousal designation wh	here the deceased was named spo	ousal contributor:				
CI Account Number(s)						
E. Registered Education Savings Pl	an (RESP) (New grant forms are re	equired if the primar	y caregiver is cha	nging.)		
Individual RESP: Replace RESP s	ubscriber Joint RESP: Rem	ove RESP subscribe				
Name		Relationship to	Beneficiary(ies)	Date of Birth (MM/DD/YYYY)		Insurance Number
Street Address		Apt/Unit No.	City		Province/State	Postal Code

5. Additional Instructions

Please provide investment instructions for the receiving account (from Section 4):

Receiving Account Number	Fund Code	Gross Amount OR Percentage*	
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%

^{*}Total percentage breakdown must equal 100% for each receiving account.

Additional Instructions/Comments:

6. Special Considerations

Special considerations for SunWise Elite Plus contracts with Guaranteed Withdrawal Benefit (GWB) Rider

For **contracts with the GWB Lifetime Option (LWA) payment option**, the surviving annuitant (non-registered policies) or spouse (registered policies) have the following options:

- Continue the contract under the LWA payment option. If they are over 65 years old, the Lifetime Withdrawal Amount (LWA) will be recalculated based on
 the greater of the market value and the Remaining GWB. If the surviving annuitant or spouse is below 65 years old, the LWA payment will be recalculated on
 December 31st of the year they turn 65. Any redemptions prior this date will switch the contract to the GWB Withdrawal Period Option (GWA). Please review
 the appropriate Information Folder and Contract for details.
- · Change the payment option from LWA to GWA. By choosing this option, the payment amount remains unchanged and the Guaranteed Withdrawal Amount (GWA) payments continue for the remainder of the GWA Withdrawal Period. To change the payment option, please submit the *SunWise Elite Plus GMWB Rider Election and Payment Direction Form*.

For **contracts with the GWB Withdrawal Period (GWA) payment option**, the surviving annuitant (non-registered policies) or spouse (registered policies) have the following options:

- · Continue to receive any remaining GWA payments for the remainder of the GWA Withdrawal Period.
- Change the current GWB Payment Option elected on the policy to LWA. To change the payment option, please submit the SunWise Elite Plus GMWB Rider Election and Payment Direction Form.

Special considerations for SunWise Essential Series and SunWise Essential Series 2 Income Class contracts

- For contracts with the One-Life Income Stream option, the surviving annuitant (non-registered policies) or spouse (registered policies) will become the new LWA Life Income Stream (LIS) person. The Lifetime Withdrawal Amount (LWA) will be based on the new LIS person's age. If the new LIS person is over 65 years old, the LWA payment will be recalculated based on the market value of the contract and applicable age tier. If the new LWA LIS person is below 65 years old, the LWA payment will be recalculated based on the market value of the contract on January 1st of the year the new LIS person turns 65, unless the Age 55 LWA Election is chosen. If you wish to make the Age 55 LWA Election, please submit the SunWise Essential Series and SunWise Essential Series 2 Withdrawals Order Ticket.
- · For contracts with the Two-Life Income Stream option, the LWA payments will continue based on the existing Two-Life age tier schedule.
- The LWA Protection Service (LPS) is included in your contract to prevent withdrawals or reclassifications that may negatively impact your future LWA payments. However, if the previous annuitant elected to discontinue this service, it will remain inactive until the new LIS person provides written direction to re-activate it.

7. Authorization (Mandatory)

The liquidator(s) assume(s) full responsibility for consulting a lawyer in order to determine whether the spouse of the deceased has rights to the property of the estate, including the family patrimony, and the respective shares of the heirs and legatees. The liquidator(s) undertake(s) to distribute, in accordance with the law, the share due to each member of the estate.

The liquidator(s) agree(s) that, upon completion of the directions contained herein, CI Investments Inc. ("CI"), Canadian Western Trust Company ("CWT") and any of their affiliates (collectively, the "Releasees") are released and discharged of liability under the policies/accounts held by or insuring the deceased to the extent of the amount paid without taking any further action. The liquidator(s) hereby indemnify(ies) and agree(s) to hold the Releasees harmless against all claims of any kind or nature and by whomever made, inclusive of all legal costs on a solicitor-client basis that may be made against the Releasees arising from this form. This release shall bind the liquidator(s) and heir(s) designated herein and my/our administrator(s).

I/we have expressly requested that this document be drafted in the English language. J'ai / nous avons expressément demandé que ce document soit rédigé en langue anglaise.

X Signature of Liquidator or Heir	X Signature of Liquidator or Hei	r		
X Signature of Liquidator or Heir	X Signature of Liquidator or Hei	r		
Signed at (City/Town)		Date (MM/DD/YYYY)		
X Notary Public or Lawyer	Or X	he in the province of Québec		
(Signature and seal)	Commissioner of Oaths in the province of Québec (Signature and commissioner number or stamp)			