

Registered Rollover Form

CI Investments Inc. doing business under the registered business name of CI Global Asset Management ("CI GAM", "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 CI GAM Privacy Policy at <u>www.cifinancial.com/ci-gam/ca/en/legal/privacy.html</u>.

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1. Rollover Type				
LIRA to a LIF Contract SPRSP to	an RLIF Contract LIRA to	ncial spousal consent document. an LRIF Contract a PRIF Contract		
2. Client Information				
First Name	Middle Initial	Last Name		
Current CI Account Number	Client SIN	Email Address		
3. Transfer Instruction				
In-Kind (as is)				
From Fund Code	To Fund Code	Amo	Amount	
		\$	%	
		\$	%	
		\$	%	
		\$	%	
		\$	%	
		\$	%	
		·		
4. Banking Details				
Transit Number	Bank Number	Account Number		
Account Holder			8	
Account Holder			8	
		cial Institution Destination and		
	Number (Ba	ank) Number Account Number		
5. Optional Account Service				

Where optional services exist on the client's RSP/SPRSP/LIRA account, you may transfer over the identical service to the new RIF/SPRIF/LIF/RIF/RLIF/PRIF account. To establish new optional service rates and/or instructions, please use the applicable service form. In the absence of instructions, existing optional services currently on the relinquishing account will not be carried over.

Carryover Investment Advisory Fee Carryover Auto Rebalance

6. RIF/LIF/RLIF/LRIF/PRIF Plan Payment Details

The payment date must be between the 1st and the 25th of any month.

If the RIF/PRIF plan contains G5|20 Funds, please use the G5|20 RIF Plan Payment Form.

Start Date (MM/DD/YYYY): _ Frequency:

M = Monthly **BM** = Bi-Monthly (Every 2 months) **0** = Ouarterly SA = Semi-Annuallv $\mathbf{A} = Annually$

From Fund Code	To Fund Code	Amount	
		\$	%
		\$	%
		\$	%
		\$	%

If no date is specified, CI will pay out the RIF/LRIF/PRIF/LIF/RLIF minimum during the month of December.

The minimum annual amount (Payments will begin in the first full calendar year following the initial investment)						
The maximum an	nual amount (fo	r LRIF, LIF and RLIF Pla	ns only)			
Amount of \$		for each payment	Gross OR	Net of fees and withholding taxes		
Withholding Tax:	Default O	R Custom Rate	of:	(please indicate a whole number which meets legislative minimums)		
Election of payme	ent based on Spo	ouse's age: I elect that	the payment un	der the RIF be calculated using the age of my spouse.		

Election of Spouse as Successor Annuitant: (RIFs only): Where permitted by law, I hereby elect that my spouse become the annuitant under the RIF in the event of my death before the termination of the RIF, if he or she survives me. I reserve the right to revoke this election as permitted by applicable law.

First Name

Middle Initial Last Name

Note: Where I have elected to base the RIF minimum payment on my spouse's age, I understand this election may not be changed after the end of the year in which the application is made, even in the event of my spouse's death or change of our marital status.

7. Authorization

I confirm that all other terms and conditions of the contract will remain the same, including the beneficiary designation. I request that CI Investments Inc. convert the contract to, and register the contract as a Retirement Income Fund (RIF), Life Income Fund (LIF), Locked-in Retirement Fund (LRIF), Restricted Life Income Fund (RLIF) or Prescribed Retirement Income Fund (PRIF), as applicable, under the provisions of the Income Tax Act (Canada) and, if applicable, under any provincial pension legislation. I understand the contract will be subject to the provisions of said legislation. I declare that I am the owner of the contract. I understand that as a consequence of registering the contract as a RIF or a LIF, the contract provides that an income will become payable there under, commencing not later than the lasts day of the first calendar year following the calendar year in which the conversion to a RIF or LIF, as applicable. becomes effective.

Date (MM/DD/YYYY)

Advisor Name

Dealer/Advisor Code

Advisor Signature

Date (MM/DD/YYYY)

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