

3. Client Direction to Relinquishing Institution

Relinquishing Institution Name _____ Client Account Number _____ Group Plan Number (if applicable) _____
 Street Address _____ City _____ Province _____ Postal Code _____

Transfer: (check one box only for asset transfer instructions and an additional box if asset list is attached)

All In Kind (as is) All In Cash¹ (all holdings will be liquidated) Partial¹ (see list below or attached list) All Assets¹ (but mixed in-cash and in-kind, see list below or attached list) Cash Balance only as at date of transfer by Relinquishing Institution

If transferring an FHSA, please indicate initial FHSA Set Up Date (MM/DD/YYYY): _____

*Date indicated should reflect the opening of the client's first FHSA plan.

¹Where I have requested a transfer in cash, I authorize the liquidation of all or part of my investments and agree to pay any applicable fees, charges or adjustments.

Asset Transfer		Fund Code	Transfer Dollar (\$) OR Percentage (%)		Asset Transfer		Fund Code	Transfer Dollar (\$) OR Percentage (%)	
In Kind	In Cash		\$	%	In Kind	In Cash		\$	%
In Kind	In Cash		\$	%	In Kind	In Cash		\$	%
In Kind	In Cash		\$	%	In Kind	In Cash		\$	%

4. Client Authorization

I hereby request and authorize the transfer of my account and its investments as described above.

Signature of Account Holder _____ Date (MM/DD/YYYY) _____ Signature of Irrevocable Beneficiary/Former Spouse _____ Date (MM/DD/YYYY) _____

(For Locked-In Plans) Spouse: I consent to the transfer of the account _____
 Signature of Spouse (if applicable) _____ Date (MM/DD/YYYY) _____

5. For Use by Relinquishing Institution Only

REGISTERED PLAN TYPE: RRSP RRIF: (Qualified Non-Qualified) LIRA LIF: (Old New)
 LRSP LRIF RLIF RLSP PRIF TFSA FHSA

Spousal Plan: No Yes: _____
 Spouse's First Name _____ Middle Initial(s) _____ Last Name _____ Social Insurance Number _____

- The default is "unisex"; if sex-distinct, check here:
- Current year's investment earnings to date: \$ _____
- If spouse waiver/consent form attached, check here:

Locked-In: No Yes (attach locked-in confirmation) Locked-In Funds: \$ _____ Governing Legislation: _____

Contact Name _____ Telephone Number _____ Fax Number _____ Authorized Signature _____ Date (MM/DD/YYYY) _____

Use of Personal Information Notice

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 www.cifinancial.com/ci-gam/ca/en/legal/privacy.html.