

## 1. Employer Information

Company Name		Group Account Number	
Address			
City/Town		Province	Postal Code
Telephone	Fax	Language Preference:	English      French
Company Contact		Telephone	

## 2. Plan Information

Total Number of Employees		Anticipated Number of Contributors		
Type of Plan:	Cash (non-registered)	RSP (Registered)	RESP (Education Savings Plan)	TFSA (Tax-Free Savings Account)
Employer Contributions:	Employee Amount (\$)		Employer Amount (\$)	Contribution Date (MM/DD/YYYY)
Contribution Frequency:	Weekly	Bi-weekly	Monthly	
Contribution Method:	Cheque	Electronic Funds Transfer (Please fill out EFT application)		Automated Remission (Please fill out Automated Remission – Create New Form)
Send Purchase Confirmation Report to:	Employer	Dealer	Both	Not Required
				Electronic (Please contact <a href="mailto:groupplans@ci.com">groupplans@ci.com</a> for more details)

## 3. Dealer Information

Dealer / Representative Number	Dealer Name	Representative's Name (Only one representative allowed per group)
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## 4. Employer Authorization

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](http://www.cifinancial.com/ci-gam/ca/en/legal/privacy.html).

Authorizing Signing Officer (1)	Authorizing Signing Officer (2)
Authorized Signature	Date (MM/DD/YYYY)