

CI Guaranteed Investment Fund

Transfer Authorization for Registered Investments (PRIF, RLIF, RLSP, RSP, LIRA, LRSP, RIF, LRIF, LIF)

This form can be used for RSP to RSP transfers (except for transfers due to death), RSP to RIF transfers and RIF to RIF transfers.

Please note: The data entered on this form may be scanned and stored electronically. Please print neatly in the spaces provided to ensure completeness, accuracy and machine readability.

A: Client Identification

Account/Policy Holder Last Name: _____ First Name: _____ Init.: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____ - _____

Social Insurance Number: _____ Home Telephone Number: [_____] - _____ Business Telephone Number: [_____] - _____

B: Receiving Institution Information

ivari
c/o CI Investments Inc.
 15 York Street, 2nd Floor
 Toronto, Ontario M5J 0A3
 Tel.: 1-800-563-5181 Fax: (416) 364-6299

Client Account/Policy Number: _____ Group Plan Number (if applicable): _____

For use by Mutual Fund Brokers/Dealers only

Dealer Name: _____ Dealer Number: _____

Agent Name: _____ Agent Number: _____

Business Telephone Number: [_____] - _____ Business Fax Number: [_____] - _____ Dealer Account Number: _____

- Registered Type:
- RRSP RRIF
 - Spousal RRSP Spousal RRIF
 - LIRA LRIF
 - LRSP LIF
 - RLSP RLIF PRIF

Investment Instructions:

Investment Name	Symbol	%/ \$ Amount
		\$
		\$
		\$

Locked-In Funds Confirmation **CI INVESTMENTS AS AGENT FOR ivari** agrees to administer any locked-in funds transferred under this transfer authorization according to the governing pension legislation indicated in Section "E" below

Authorized Signature: *Toje Mubandira* Date: DD | MM | YY

C: Client Direction to Relinquishing Institution

Relinquishing Institution Name: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____ - _____

Group Plan Number (if applicable): _____ Client Account/Policy Number: _____

Transfer: (check one box only)

All in cash* All as is (in Kind) All assets*, but mixed in Cash and as is (in Kind), see list below or attached list Partial* - as listed below or on attached list

*Please refer to statement in bold in Client Authorization section below.

In Kind	In Cash	Investments Amount	Symbol and/or Certificate Number or Policy Number
<input type="checkbox"/>	<input type="checkbox"/>		
Shares/Unit	Dollars	Investment Description	
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
Shares/Unit	Dollars	Investment Description	
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
Shares/Unit	Dollars	Investment Description	
<input type="checkbox"/>	<input type="checkbox"/>		

FOR USE BY RELINQUISHING INSTITUTION

Delay Delivery Until: DD | MM | YY

Delay Delivery Until: DD | MM | YY

Delay Delivery Until: DD | MM | YY

D: Client Authorization

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

***WHERE 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.**

Signature of Account Holder: _____ Date: _____ Irrevocable Beneficiary: I consent to the transfer of the account. Date: _____
 Signature of Irrevocable Beneficiary (if applicable): _____

E: For Use By Relinquishing Institution Only

Registered Type: RRSP LIRA LRSP RLSP RRIF: Qualified Non Qualified LRIF LIF PRIF RLIF

Spousal Plan: No Yes - if yes: _____ Last Name: _____

First Name: _____ Init.: _____ Social Insurance Number: _____ - _____

Locked In: No Yes - Locked-In confirmation attached Yes - Locked-In confirmation attached

Locked-In Funds: \$ _____ Governing Legislation: _____

Contact Name: _____ Telephone Number: [_____] - _____ Fax Number: [_____] - _____

Authorized Signature: _____ Date: DD | MM | YY