



# CI Group Plan Automated Remission - Create New

Administration Office  
15 York Street  
Second Floor  
Toronto, Ontario  
M5J 0A3

Group ID \_\_\_\_\_ Group Name \_\_\_\_\_

Group Address \_\_\_\_\_ City / Province \_\_\_\_\_ Postal Code \_\_\_\_\_

### Group Bank Information:

*Please attach a void cheque*

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_ City / Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Account Owner \_\_\_\_\_

Bank Account Type \_\_\_\_\_ Institutional Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_ Transit Number \_\_\_\_\_

### Group Automated Remission Details:

Start Date \_\_\_\_\_ Amount \_\_\_\_\_

Frequency \_\_\_\_\_ Number of Participants \_\_\_\_\_

Employee Name	Spousal RRSP? (Y / N)	SIN	Employee Amount	Employer Amount	Total Amount

*Attach a spreadsheet with above information if more than 10 participants are included for automated remission.*

Contact Name \_\_\_\_\_ Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

### Authorized By

Name \_\_\_\_\_ Title/Position held at Company \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

By requesting an Automated Remission Plan, the Employer through an authorized signing officer confirms that all signatures required to authorize transactions in the bank account provided above have agreed to the Automatic Remission Plan Terms and Conditions provided on the back of this application.

**Automated Remission Plan**  
**(Hereinafter referred to as a "Pre-Authorized Chequing Plan (PAC)) – Terms and Conditions**

- **By signing this application, you hereby waive any pre-notification requirements as specified by section 15(a) and (b) of the Canadian Payments Association Rule H1 with regards to PACs.**
- If you have indicated on the application that you want to make regular deposits using a Pre-Authorized Chequing Plan (PAC), you authorize CI Investments Inc. (CI) to debit the bank account provided for the specified amount(s) and in the frequencies selected.
- If this is for your own personal investment, your debit will be considered a Personal Pre-authorized debit agreement (PAD) by Canadian Payments Association definition. If this is for business purposes, it will be considered a Business PAD. Monies transferred between CPA members will be considered a Funds Transfer PAD.
- You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAC Agreement. To obtain more information on your recourse rights, you may contact your financial institution, CI or visit [www.cdnpay.ca](http://www.cdnpay.ca).
- You may change these instructions or cancel this plan at any time, subject to providing CI notice of at least 48 hours prior to the next PAC run date. To obtain a sample cancellation form, or for more information on your right to cancel a PAC agreement, you may contact your financial institution, CI or visit the Canadian Payments Association website at [www.cdnpay.ca](http://www.cdnpay.ca). You agree to release the financial institution and CI of all liability if the revocation is not respected, except in the case of gross negligence by the financial institution or CI.
- CI is authorized to accept changes to this agreement from your registered dealer or your financial advisor in accordance with the policies of that company, in accordance with the disclosure and authorization requirements of the CPA.
- You agree that the information in this form will be shared with the financial institution, insofar as the disclosure of this information is directly related to and necessary for the proper application of the rules applicable for PACs.
- You acknowledge and agree that you are fully liable for any charges incurred if the debits cannot be made due to insufficient funds or any other reason for which you may be held accountable.
- You confirm that all persons whose signatures are required to authorize transactions in the bank account provided have read and agreed to these terms and signed this application.