CI Investments®

CI GROUP PLAN CHANGES

Employer Name _____

Employee Name _____

Employee Address _____

City	Province	Postal Code

Employee SIN _____

CI Account Number _____

☐ **Please update address**

Notice of Termination/Retirement/Death

☐ Termination of employment effective _____

☐ Retirement effective _____

☐ Death (please provide copy of death certificate) _____

☐ Other (please explain) _____

☐ **Please stop automated remission**

_____
Stop Date

_____ _____
Plan Administrator Signature   Date

Change of Beneficiary

I hereby revoke any previous beneficiary designation in the above mentioned account and, designate the person named below as my beneficiary. I reserve the right to revoke this designation.

_____ _____
Name   Relationship

Address _____

_____ _____ _____
Member Signature   Date   Witness

For RESP Change of Beneficiary, please provide the following additional information:

_____ _____ _____
SIN   Date of Birth   Gender

Change of Name

Please change account holder name on above noted account

from _____ to _____

Reason for Change: ☐ *Marriage (see attached copy of marriage certificate)*

☐ *Return to maiden name (see attached divorce or separation agreement)*

☐ *Legal name change (see attached copy of name change certificate)*

Account holder signature prior to change _____

_____
Date

Account holder signature after change _____

_____
Date

Change to Standing Investment Instructions

Please change all future contributions to the above-note account to reflect the following allocation

Fund Number	Fund Name	Fund Allocation
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ _____ _____
Member Signature   Financial Advisor Signature   Dealer / Representative Number

_____ _____
Employer Signature if Employer Making all Investment Decisions   Date

1910-2384_E (10/19)