



GROUP EMPLOYER INFORMATION

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

SECTION 1 - EMPLOYER INFORMATION

GROUP ACCOUNT NUMBER

Company Name: _____

Address: _____ Telephone: _____

_____ Fax: _____

City/Province: _____

Postal Code: _____ Language Preference: English French

Company Contact: _____ Telephone: _____

SECTION 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 \$ _____ and Employer \$ _____

First Contribution Date: _____ / _____ / _____
YY MM DD

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 groupplans@ci.com for more details)

SECTION 3 - DEALER INFORMATION

Dealer/Rep. No.: _____ Dealer Name: _____

Representative's Name: _____
(Only one representative allowed per group)

SECTION 4 - EMPLOYER AUTHORIZATION

Authorized Signing Officer: _____ Authorized Signing Officer: _____

CI INVESTMENTS INC. AS AGENT FOR THE CANADA TRUST COMPANY

Date: _____ Authorized Signature: 