



Electronic Funds Transfer Application

1 Group Information	<hr/> <p>Group Name</p> <hr/> <p>Group Address</p> <hr/> <p>City Province / Postal Code</p>
2 Group Bank Information (Please attach void cheque)	<hr/> <p>Bank Name</p> <hr/> <p>Bank Address</p> <hr/> <p>City Province / Postal Code</p> <hr/> <p>Bank Account Number Bank Transit Number</p>
3 Frequency	<hr/> <p>Expected Number of Transfers/Week</p> <hr/> <p>Average Transfer Amount</p>
4 Contact Person	<hr/> <p>Name</p> <hr/> <p>Telephone/Ext. Fax</p>
5 Authorized By:	<hr/> <p>Name</p> <hr/> <p>Signature</p> <hr/> <p>Date</p>

To ensure timely processing, please return to CI Investments, Trust Accounting (Address below)