

Electronic Funds Transfer Application

1 Group Information		
	Group Name	
	Group Address	
	City	Province / Postal Code
2 Group Bank Information (Please attach void cheque)	Bank Name	
	Bank Address	
	City	Province / Postal Code
	Bank Account Number	Bank Transit Number
3 Frequency	Expected Number of Transfers/Week	
	Average Transfer Amount	
4 Contact Person	Name	
	Telephone/Ext.	Fax
5 Authorized By:	Name	
	Signature	
	Date	
To ensure timely processing, please return to CI Investments, Trust Accounting (Address below)		
		1910-2376_E (10/19)

USE OF PERSONAL INFORMATION NOTICE

CI Investments Inc. doing business under the registered business name of CI Global Asset Management ("CI GAM", "we", "our", "us") requires personal information to administer and provide services associated with your account ("Account Services"). We use the personal information collected on this form to provide the products and services you have requested, improve our products and services, and fulfill our legal and regulatory obligations. Additional privacy terms apply to use of our online services and certain other services. We are not responsible for Third Party Providers such as your financial advisor and their dealership, who process personal information in accordance with their own terms. We share your personal information with CI Financial company affiliates and their subsidiaries where necessary to administer and service your account. You have the right to request access to or correction of, or withdraw your consent to the processing of, your personal information. For more information, including with respect to our use of service providers outside of Canada or your province of residence, please contact our Privacy Officer or see the CI GAM Privacy Policy at www.cifinancial.com/ci-gam/ca/en/legal/privacy.html.