



1. Transfer of Existing CI Plan

CI Policy Number _____

Transfer existing RSP Policy to a RIF Policy
Transfer existing Locked-in RSP Policy to a LIF/LRIF Policy

Transfer existing LIRA Policy to a LIF Policy
Transfer existing LIRA Policy to a LRIF Policy

2. Owner Information

Mr. Mrs. Miss Ms. Dr.

Surname First Name Date of Birth (Y M D) Social Insurance Number

3. Distributor Information

Distributor Name Representative Name Distributor Number Representative Number Telephone No.

4. Plan Payment Details (The payment date may be between the 1st and 25th of any month)

Please accept this authorization to surrender sufficient units to provide the following payment (please choose only one):

The minimum annual gross amount

(Payments will begin in the first full calendar year following the initial investment)

The maximum annual gross amount (for LIF and LRIF plans only)

An annual amount of \$ _____ Gross OR Net of fees and withholding taxes

Start Date: _____ (Y M D)

Frequency: Monthly Quarterly Semi-Annually Annually

(If no date is specified, CI will pay out the RIF/LIF/LRIF minimum during the month of December and will redeem units proportionately across all Funds.)

I elect the minimum annual amount to be based on: My age _____ OR Age of my spouse _____ (Y M D) (Y M D)

ELECTION OF SPOUSE AS ANNUITANT (NOT APPLICABLE FOR LIF/LRIF)

In event of my death, I elect that payment continue to my spouse named below if he or she survives me and is my spouse on the date of my death.

Full Name of Spouse Date of Birth (Y M D) Social Insurance Numer

5. Banking Information

Bank Number Transit Number Name of Financial Institution Please attach a void cheque here

Account Number Address

6. LIF Information

SPOUSE: Do you have a spouse within the meaning of the applicable pension legislation? Yes No

Note: If you have a spouse within the meaning of the applicable pension legislation, then the spousal consent/waiver form noted to on the reverse side of this transfer form must be fully completed and accompany this Application.

7. Request for Registration and Declaration of Owner/Annuitant

I confirm that all other terms and conditions of the policy will remain the same, including the beneficiary designation. I request that Foresters Life Insurance Company convert the Contract to, and register the Contract as, a Retirement Income Fund (RIF) or Life Income Fund (LIF), as applicable, under the provisions of the Income Tax Act (Canada) and, if applicable, under any provincial pension legislation. I understand that the Contract will be subject to the provisions of said Acts. I declare that I am the owner of the Contract. I understand that as a consequence of registering the Contract as a RIF or a LIF, the Contract provides that an income will become payable thereunder, commencing not later than the last day of the first calendar year following the calendar year in which the conversion to a RIF or LIF, as applicable, becomes effective.

Signature of Owner Signature of Spouse

CI's Privacy Policy

Upon receipt of this application, CI will establish a file in which will be placed personal information about you concerning (a) this application, endorsement, rider or other documents issued in connection with this application, and other documents or information relating to the investigation, servicing and administration of this application. We collect personal information about you from this application and any supplementary forms, and from your representative and other organizations and persons you identify in support of your application. We use your personal information for the purposes of, servicing and administering this application, and for such other purposes as are specified in this application. Your information may be shared with your representative of record for the purposes identified above. Your Social Insurance Number will be used for income reporting purposes in the context of the administration of your account. Your banking information will be disclosed to the financial institution(s) processing your pre-authorized deposit plan.

Employees or authorized representatives of CI who will be responsible for functions relevant to the purposes identified above, and other persons authorized by you or by law, will have access to the personal information contained in your file. Subject to exceptions set out in applicable legislation, you may access your file and request corrections to your personal information by sending a written request to CI Investments. Attn: Privacy Officer, 15 York Street, 2nd Floor, Toronto, ON M5J 0A3. By completing and signing this application, you consent to the collection, use and disclosure of your personal information as described herein. CI's Privacy Policy is available on the CI website, www.ci.com.

Spousal Consent/Waiver Form

If the plan being applied for is a LIF or a LRIF, and the Owner has a spouse as defined by applicable pension legislation, then the appropriate form below may be completed. No form is necessary for other provinces or for federally governed plans.

<u>Province that governs the plan</u>	<u>Name of form</u>	<u>Form type</u>
British Columbia	Spouse's Consent	Form 3 (original)
Alberta	Spouse's Waiver	Form 1 (copy)
Saskatchewan	Spouse's Waiver	Form 1, from LIRA (copy) Form 2, from Pension Plan (copy)
Manitoba	Spouse's Waiver	Form 5 (copy)
Ontario	Spouse's Consent	Spousal Consent (original)
New Brunswick	Spouse's Waiver	Form 5 (copy)
Nova Scotia	Spouse's Consent	Form 4 (original)
Newfoundland	Spouse's Waiver	Form 3 (original)

Foresters Life Insurance Company has entered into an agreement with CI Investments pursuant to which CI is responsible for certain marketing and administrative services in relation to the CI Segregated Funds. Foresters Life Insurance Company established the individual variable annuity contract providing for investment in the CI Segregated Funds. A description of the key features of the applicable individual variable annuity contract is contained in the CI Segregated Information Folder. **SUBJECT TO ANY APPLICABLE DEATH AND MATURITY GUARANTEES, ANY PART OF THE PREMIUM OR OTHER AMOUNT THAT IS ALLOCATED TO A CI SEGREGATED FUND IS INVESTED AT THE RISK OF THE CONTRACT HOLDER AND MAY INCREASE OR DECREASE IN VALUE ACCORDING TO FLUCTUATIONS IN THE MARKET VALUE OF THE ASSETS OF THE RELEVANT CI SEGREGATED FUND.** CI Investments® and the CI Investments design are registered trademarks of CI Investments Inc.



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