

1 Transfer of Existing CI Plan	CI Policy Number _____ <input type="radio"/> Transfer existing RSP Policy to a RIF Policy <input type="radio"/> Transfer existing Spousal RSP Policy to a Spousal RIF Policy <input type="radio"/> Transfer existing CI Locked-in RSP Policy to a CI LIF/LRIF Policy <input type="radio"/> Transfer existing LIRA/Locked-in RSP Policy to a LIF Policy <input type="radio"/> Transfer existing LIRA/Locked-in RSP Policy to a LRIF Policy																		
2 Owner Information	Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss <input type="radio"/> Ms. <input type="radio"/> Dr. <input type="radio"/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border-bottom: 1px solid black; text-align: center;"><small>MANDATORY</small></td> <td style="width:25%; border-bottom: 1px solid black; text-align: center;"><small>MANDATORY</small></td> <td style="width:25%; border-bottom: 1px solid black; text-align: center;"><small>YYYY/MM/DD</small> <small>MANDATORY</small></td> <td style="width:25%; border-bottom: 1px solid black; text-align: center;"><small>MANDATORY</small></td> </tr> <tr> <td style="text-align: center;">Surname</td> <td style="text-align: center;">First Name</td> <td style="text-align: center;">Date of Birth</td> <td style="text-align: center;">Social Insurance Number</td> </tr> </table>	<small>MANDATORY</small>	<small>MANDATORY</small>	<small>YYYY/MM/DD</small> <small>MANDATORY</small>	<small>MANDATORY</small>	Surname	First Name	Date of Birth	Social Insurance Number										
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4 Plan Payment Details <small>(The payment date may be between the 1st and 25th of any month)</small>	Please accept this authorization to redeem sufficient shares/units to provide the following payment (please choose only one): <input type="radio"/> The minimum annual gross amount (Payment will begin in the first full calendar year following the initial investment) <input type="radio"/> The maximum annual gross amount (for LIF and LRIF plans only) <input type="radio"/> An annual amount of \$ _____ <input type="radio"/> Gross OR <input type="radio"/> Net of fees and withholding taxes Start Date: _____ <small>YYYY/MM/DD</small> Frequency: <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-Annually <input type="radio"/> Annually (If no date or payment amount 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: <input type="radio"/> My age _____ <small>YYYY/MM/DD</small> OR <input type="radio"/> Age of my spouse _____ <small>YYYY/MM/DD</small> 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. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; border-bottom: 1px solid black;">Full Name of Spouse</td> <td style="width:20%; border-bottom: 1px solid black;">Date of Birth</td> <td style="width:40%; border-bottom: 1px solid black;">Social Insurance Number</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Fund Name</td> <td style="border-bottom: 1px solid black;">Surrender Amount</td> <td style="border-bottom: 1px solid black;">or Percent</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: center;">\$</td> <td style="border-bottom: 1px solid black; text-align: center;">%</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: center;">\$</td> <td style="border-bottom: 1px solid black; text-align: center;">%</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: center;">\$</td> <td style="border-bottom: 1px solid black; text-align: center;">%</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: center;">\$</td> <td style="border-bottom: 1px solid black; text-align: center;">%</td> </tr> </table>	Full Name of Spouse	Date of Birth	Social Insurance Number	Fund Name	Surrender Amount	or Percent		\$	%		\$	%		\$	%		\$	%
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5 Banking Information <small>Please attach a void cheque here</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">Bank Account Owner(s) Name(s)</td> <td style="width:20%; border-bottom: 1px solid black;">Bank Number</td> <td style="width:20%; border-bottom: 1px solid black;">Transit Number</td> <td style="width:30%; border-bottom: 1px solid black;">Name of Financial Institution</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Account Number</td> <td colspan="3" style="border-bottom: 1px solid black;">Address</td> </tr> </table>	Bank Account Owner(s) Name(s)	Bank Number	Transit Number	Name of Financial Institution	Account Number	Address												
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6 LIF Information	SPOUSE: Do you have a spouse within the meaning of the applicable pension legislation? <input type="radio"/> Yes <input type="radio"/> No Note: If you have a spouse within the meaning of the applicable pension legislation, then the spousal consent/waiver form referred to in Section 8 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 ivari 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. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">X MANDATORY</td> <td style="width:50%; border-bottom: 1px solid black;">X MANDATORY</td> </tr> <tr> <td style="text-align: center;">Signature of Owner</td> <td style="text-align: center;">Signature of Spouse (Required for Locked-In Plans)</td> </tr> </table>	X MANDATORY	X MANDATORY	Signature of Owner	Signature of Spouse (Required for Locked-In Plans)														
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8 Spousal Consent/Waiver Form

Spousal consent may be required. For a copy of the spousal consent forms, please visit www.ci.com, and select "Fund Related Documents" from the "Services" tab. The spousal consent forms are also available on CI Advisor Online.

TMivari is the sole issuer of the individual variable annuity contract providing for investment in CI Guaranteed Investment Funds. A description of the key features of the applicable individual variable annuity contract is contained in the CI Guaranteed Investment Funds Information Folder. **Any amount that is allocated to a segregated fund is invested at the risk of the contract holder(s) and may increase or decrease in value.** ©CI Investments and CI Investments design are registered trademarks of CI Investments Inc. TMCI Guaranteed Investment Funds is a registered trademark of CI Investments Inc. TM ivari and the ivari logos are trademarks of ivari Canada ULC. ivari is licensed to use such marks.