

1 Transfer of Existing CI Plan	CI Policy Number _____ <input type="radio"/> Transfer existing CI RSP Policy to a CI RIF Policy <input type="radio"/> Transfer existing CI Locked-in RSP Policy to a CI LIF/LRIF Policy <input type="radio"/> Transfer existing Spousal RSP Policy to a Spousal RIF Policy <input type="radio"/> Transfer existing CI LIRA Policy to a CI LIF Policy <input type="radio"/> Transfer existing CI LIRA Policy to a CI 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%; text-align: center;"><small>MANDATORY</small></td> <td style="width:25%; text-align: center;"><small>MANDATORY</small></td> <td style="width:25%; text-align: center;"><small>YYYY/MM/DD</small></td> <td style="width:25%; 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>	Surname	First Name	Date of Birth	Social Insurance Number																		
<small>MANDATORY</small>	<small>MANDATORY</small>	<small>YYYY/MM/DD</small>	<small>MANDATORY</small>																								
Surname	First Name	Date of Birth	Social Insurance Number																								
3 Distributor Information	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;"><small>MANDATORY</small></td> <td style="width:50%; text-align: center;"><small>MANDATORY</small></td> </tr> <tr> <td style="text-align: center;">Dealer Number</td> <td style="text-align: center;">Rep. Number</td> </tr> <tr> <td colspan="2" style="text-align: right;">Dealer Name</td> </tr> <tr> <td colspan="2" style="text-align: center;">X MANDATORY</td> </tr> <tr> <td style="text-align: center;">Representative Name</td> <td style="text-align: center;">Representative Signature</td> </tr> <tr> <td colspan="2" style="text-align: right;">Telephone No.</td> </tr> </table>	<small>MANDATORY</small>	<small>MANDATORY</small>	Dealer Number	Rep. Number	Dealer Name		X MANDATORY		Representative Name	Representative Signature	Telephone No.															
<small>MANDATORY</small>	<small>MANDATORY</small>																										
Dealer Number	Rep. Number																										
Dealer Name																											
X MANDATORY																											
Representative Name	Representative Signature																										
Telephone No.																											
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 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 <small>(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)</small> TERMS OF PAYMENT: 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:50%; text-align: center;"><small>YYYY/MM/DD</small></td> <td style="width:50%; text-align: center;"><small>YYYY/MM/DD</small></td> </tr> <tr> <td style="text-align: center;">Full Name of Spouse</td> <td style="text-align: center;">Date of Birth</td> </tr> <tr> <td colspan="2" style="text-align: right;">Social Insurance Number</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:60%;">Fund Name</th> <th style="width:20%;">Surrender Amount</th> <th style="width:20%;">or</th> <th style="width:20%;">Percent</th> </tr> </thead> <tbody> <tr> <td> </td> <td style="text-align: center;">\$</td> <td> </td> <td style="text-align: center;">%</td> </tr> <tr> <td> </td> <td style="text-align: center;">\$</td> <td> </td> <td style="text-align: center;">%</td> </tr> <tr> <td> </td> <td style="text-align: center;">\$</td> <td> </td> <td style="text-align: center;">%</td> </tr> <tr> <td> </td> <td style="text-align: center;">\$</td> <td> </td> <td style="text-align: center;">%</td> </tr> </tbody> </table>	<small>YYYY/MM/DD</small>	<small>YYYY/MM/DD</small>	Full Name of Spouse	Date of Birth	Social Insurance Number		Fund Name	Surrender Amount	or	Percent		\$		%		\$		%		\$		%		\$		%
<small>YYYY/MM/DD</small>	<small>YYYY/MM/DD</small>																										
Full Name of Spouse	Date of Birth																										
Social Insurance Number																											
Fund Name	Surrender Amount	or	Percent																								
	\$		%																								
	\$		%																								
	\$		%																								
	\$		%																								
5 Banking Information <small>Please attach a void cheque here</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Bank Account Owner(s) Name(s)</td> <td style="width:20%;">Bank Number</td> <td style="width:20%;">Transit Number</td> <td style="width:30%;">Name of Financial Institution</td> </tr> <tr> <td colspan="2">Account Number</td> <td colspan="2">Address</td> </tr> </table>	Bank Account Owner(s) Name(s)	Bank Number	Transit Number	Name of Financial Institution	Account Number		Address																			
Bank Account Owner(s) Name(s)	Bank Number	Transit Number	Name of Financial Institution																								
Account Number		Address																									
6 LIF Information	<p>SPOUSE: Do you have a spouse within the meaning of the applicable pension legislation? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Note: If you have a spouse within the meaning of the applicable pension legislation, then the spousal consent/waiver form referred to on the reverse must be fully completed and accompany this Application.</p> <p>COMMUTED VALUE OF PENSION BENEFIT (Applicable if the source of the deposit is Ontario, Nova Scotia or New Brunswick pension funds). Was the commuted value of the pension benefit, being transferred to this policy, determined in a manner which differentiates on the basis of sex? <input type="radio"/> No <input type="radio"/> Yes If "Yes", then state the portion of the pension benefit being transferred which was determined in a manner which so differentiates _____%</p> <p>Note: If you do not know the answer to this question, a statement to such effect must be provided from the relevant pension plan administrator.</p> <p>PENSION BENEFIT CREDIT (Applicable if the source of the deposit is federal pension funds) Was the pension benefit credit which is being transferred to this policy varied according to the sex of the plan member? <input type="radio"/> No <input type="radio"/> Yes If "Yes" then state the portion of the pension benefit credit being transferred which is so varied _____%</p> <p>Note: If you do not know the answer to this question, a statement to such effect must be provided from the relevant pension plan administrator.</p>																										
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%; text-align: center;">X MANDATORY</td> <td style="width:50%; text-align: center;">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)																						
X MANDATORY	X MANDATORY																										
Signature of Owner	Signature of Spouse (Required for Locked-In Plans)																										

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.

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. ™Legacy Funds is a trade mark of CI Investments Inc. ™ivari and the ivari logos are trademarks of ivari Canada ULC. ivari is licensed to use such marks.