

# G5|20 Series Guaranteed Distribution Reinvestment Instructions Form

Please use this form to reinvest the Guaranteed Distributions into another CI fund.

<b>1 Account Number</b>	CI Account Number: _____ Dealer Account Number (if applicable): _____																							
<b>2 Unitholder Information</b>	Unitholder's Name: _____ Joint Unitholder's Name: _____																							
<b>3 Reinvestment Instructions for Guaranteed Distributions</b>  Guaranteed Distributions may only be reinvested into Front End (FE) funds.	Guaranteed Distributions can be reinvested within the same account or transferred to a Non-Registered or TFSA plan type for reinvestment. <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #333; color: white;"> <th rowspan="2" style="width:25%;">G5 20 Series Fund Code</th> <th colspan="3" style="text-align: center;">Guaranteed Distribution Reinvestment Instructions</th> </tr> <tr style="background-color: #333; color: white;"> <th style="width:25%;">To Fund Code (FE only)</th> <th style="width:25%;">Percentage of Guaranteed Distribution to be reinvested*</th> <th style="width:25%;">To Account (if applicable)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p style="font-size: small; margin-top: 10px;">* If the reinvestment distributions instructions do not total 100%, the difference will be included as a cash distribution.                  Please note that Guaranteed Distributions that are not reinvested will be paid out and automatically sent to the mailing address on file, unless otherwise specified below.</p>	G5 20 Series Fund Code	Guaranteed Distribution Reinvestment Instructions			To Fund Code (FE only)	Percentage of Guaranteed Distribution to be reinvested*	To Account (if applicable)																
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<b>4 Banking Information/ Plan Payment Details</b>  Please attach a VOID CHEQUE or complete the financial information.	<input type="checkbox"/> Deposit directly to bank account (You will receive your payments in a more timely manner if you choose this option) <table style="width:100%; margin-top: 10px;"> <tr> <td style="width:50%;">Bank Number _____</td> <td style="width:50%;">Name of Financial Institution _____</td> </tr> <tr> <td>Transit Number _____</td> <td>Address _____</td> </tr> <tr> <td>Account Number _____</td> <td>Account Name _____</td> </tr> </table>	Bank Number _____	Name of Financial Institution _____	Transit Number _____	Address _____	Account Number _____	Account Name _____																	
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<b>5 Unitholder Authorization</b>	By signing below, I (we) understand that: <ul style="list-style-type: none"> <li>If the "To Account" is left blank in section 3, reinvestment will be made within the same account</li> <li>If the reinvestment distributions instructions do not total 100% then the difference will be included as cash distributions</li> <li>By fully switching out/transferring out/redeeming the G5 20 Series fund(s) will cancel these reinvestment instructions and they will not be carried over</li> <li>Switches into any new G5 20 Series funds will require new instructions to be submitted</li> <li>I(we) have made a selection from the options listed and I(we) require no further information on these options. I(we) hereby certify that the information submitted on this form is correct to the best of my(our) knowledge.</li> </ul> <table style="width:100%; margin-top: 10px;"> <tr> <td style="width:70%;"><b>X MANDATORY</b></td> <td style="width:30%; text-align: right;">YYYY/MM/DD</td> </tr> <tr> <td>Primary Unitholder's Signature</td> <td style="text-align: right;">Date</td> </tr> <tr> <td><b>X MANDATORY</b></td> <td style="text-align: right;">YYYY/MM/DD</td> </tr> <tr> <td>Joint Unitholder's Signature (if applicable)</td> <td style="text-align: right;">Date</td> </tr> </table>	<b>X MANDATORY</b>	YYYY/MM/DD	Primary Unitholder's Signature	Date	<b>X MANDATORY</b>	YYYY/MM/DD	Joint Unitholder's Signature (if applicable)	Date															
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Joint Unitholder's Signature (if applicable)	Date																							
<b>6 Representative Authorization</b>  To be completed by the representative.	I acknowledge that I have received instructions from my client(s) and that I have disclosed the possible effects of this request to the client(s). <table style="width:100%; margin-top: 10px;"> <tr> <td style="width:60%;">Representative's Name</td> <td style="width:40%;">Dealer and Representative Number</td> </tr> <tr> <td><b>X MANDATORY</b></td> <td style="text-align: right;">YYYY/MM/DD</td> </tr> <tr> <td>Representative's Signature</td> <td style="text-align: right;">Date</td> </tr> </table>	Representative's Name	Dealer and Representative Number	<b>X MANDATORY</b>	YYYY/MM/DD	Representative's Signature	Date																	
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Please send completed form to: 15 York Street, Second Floor, Toronto, Ontario M5J 0A3 | Fax: 1-800-567-7141