



Canada's Investment Company

G5|20 Series RRIF Plan Payment Form

Use this form to provide RRIF Plan Payment instructions when holding a G5|20 Series fund within your RRIF Account.

1 Account Number	CI Account Number: _____ Dealer Account Number (if applicable): _____												
2 Unitholder Information	Unitholder's Name: _____												
3 RRIF Payment Calculations <small>Can only be selected in first year of RRIF setup</small>	I elect the term of my RRIF payments based on: <input type="checkbox"/> Age of my Spouse (CI will default to the "My Age" option if not complete) Please provide spouse's Date of Birth: _____ <small>YYYY/MM/DD</small>												
4 Automatic Withdrawal Plan for RRIF type plans only <small>When a G5 20 Series fund is not in the distribution phase, payments will be made as per the instructions provided in Step 2.</small>	<p>Please note, all Guaranteed Distributions paid directly from your RRIF account will count towards your MAP amount. When Guaranteed Distributions begin they are payable monthly on or about the 4th business day. Please complete Section 1 to 3</p> <hr/> <p>Section 1 - Payment Type (select option A or B):</p> <p>A. <input type="checkbox"/> Minimum Annual Payment (MAP) Guaranteed Distributions will be reinvested into the Front End Money Market fund and will be included with your scheduled payments. Any additional amount required to fulfill your payment will be withdrawn from the units of your account as per the instructions you provide in section 2.</p> <p>B. <input type="checkbox"/> An Annual requested amount of \$ _____ <input type="radio"/> Gross <input type="radio"/> Net of Fees <input type="radio"/> Net of Fees & WHT If you do not choose an option below, the default is to include the Guaranteed Distributions in the requested amount.</p> <p style="padding-left: 20px;">Select an option below:</p> <p><input type="checkbox"/> Include my Guaranteed Distributions in the requested amount. Guaranteed Distributions will be reinvested into the Front End Money Market fund and will be included with your scheduled payments. Any additional amount required to fulfill your payment will be withdrawn from units of your account as per the instructions you provide in section 2.</p> <p><input type="checkbox"/> Do not include my Guaranteed Distributions in the requested amount. Guaranteed Distributions will be paid out in cash in addition to the amount you have requested to receive. Your requested amount will be withdrawn from units of your account as per the instruction you provide in section 2. You may receive your payments on different days as Guaranteed Distributions are only paid on or about the fourth business day of the month. Please note that customized withholding tax rates can not be applied to Guaranteed Distributions paid out in cash.</p> <hr/> <p>Section 2 - Payment Type</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;">Fund Codes</th> <th style="width:30%;">%</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr> <td style="text-align: right;">Total</td> <td>100%</td> </tr> </tbody> </table> <hr/> <p>Section 3 - Payment Frequency, Start Date and Method:</p> <p>The payment date must be between the 1st and 25th of the month for Income Type Plans.</p> <p>Please note that all Guaranteed Distributions are paid on or about the fourth business day of the month. You will receive two payments if you elect to receive your requested amount in addition to your Guaranteed Distribution Payments that will be paid on the fourth business day of each month. If you elect to include your Guaranteed Distributions as part of your requested amount, the Guaranteed Distribution will be invested into the Money Market fund to ensure you receive one payment in the frequency you requested.</p> <p>If no date is specified, CI will pay out the RIF/LIF/LRIF/RLIF minimum during the month of December, and will redeem securities proportionately across all funds excluding from any G5 20 Series funds unless necessary to satisfy your requested payment.</p> <p>Date: _____ <small>YYYY/MM/DD</small></p> <p>Payment Frequency (please select only one) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually</p> <p>Payment Method</p> <p><input type="checkbox"/> Deposit Directly to Bank Account (please complete section 5)</p> <p><input type="checkbox"/> Mail to Investor</p> <p><input type="checkbox"/> Mail to Alternate Address _____</p>	Fund Codes	%									Total	100%
Fund Codes	%												
Total	100%												

**5 Banking Information/
Plan Payment Details**

Please attach a VOID CHEQUE or complete the financial information

Deposit directly to bank account

(You will receive your payments in a more timely manner if you choose this option)

Bank Number _____ Name of Financial Institution _____
Transit Number _____ Address _____
Account Number _____ Account Name _____

6 Unitholder Authorization

By signing below, I understand that:

- I have made a selection from the withdrawal options listed and I require no further information on these options.
- any withdrawal of G5|20 Series funds units will affect the Guaranteed Distribution Amount paid to me, as determined on the Anniversary Date of each G5|20 Series Fund and will decrease my future Guaranteed Distribution Payments.
- by withdrawing funds, I acknowledge that these funds may be subject to income and withholding taxes and/or fees.
- for RRIF accounts in the Distribution Phase, the Guaranteed Distributions will be included as part of your Minimum Annual Payment that you must withdraw from your account as legislated by the government.
- if future transactions make the above instructions obsolete, and new instructions are not provided, all redemptions will default to be pro-rated across all funds excluding the G5|20 Series Funds.

I hereby certify that the information on this form is correct to the best of my knowledge.

X MANDATORY

YYYY/MM/DD

Unitholder's Signature

Date

7 Representative Authorization

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).

Representative's Name (Please Print)

Dealer and Representative Number

X MANDATORY

YYYY/MM/DD

Representative's Signature

Date

Please send completed form to: 15 York Street, Second Floor, Toronto, Ontario M5J 0A3 | Fax: 1-800-567-7141



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