

CI Group Plan Automated Remission – Modify Existing

CI Investments Inc. doing business under the registered business name of CI Global Asset Management (“CI GAM”, “we”, “our”, “us”) requires personal information to administer and provide services associated with your account (“Account Services”). We use the personal information collected on this form to provide the products and services you have requested, improve our products and services, and fulfill our legal and regulatory obligations. Additional privacy terms apply to use of our online services and certain other services. We are not responsible for Third Party Providers such as your financial advisor and their dealership, who process personal information in accordance with their own terms. We share your personal information with CI Financial company affiliates and their subsidiaries where necessary to administer and service your account. You have the right to request access to or correction of, or withdraw your consent to the processing of, your personal information. For more information, including with respect to our use of service providers outside of Canada or your province of residence, please contact our Privacy Officer or see the CI GAM Privacy Policy at www.cifinancial.com/ci-gam/ca/en/legal/privacy.html.

Group ID	Group Name	
Group Address	City/Province	Postal Code

A. New Automated Remission Details

Effective Date ¹ (MM/DD/YYYY)	Total Automated Remission Amount (\$)
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¹ Form must be received in good order three (3) business days in advance of new effective date in order for changes to take place for intended remission.

B. Automated Remission Changes
Change to Group Bank Information (Please attach void cheque)

Bank Name	Account Owner		
Bank Address	City / Province	Postal Code	
Bank Account Type	Institutional Number	Bank Account Number	Transit Number

Stop Plan for all members
Change to Participant Details
Add Participants:

Employee Name	Account	Spousal RRSP? Y/N	SIN	Employee Amount (\$)	Employer Amount (\$)	Total Amount (\$)

Remove Participants:

Employee Name	Account	Spousal RRSP? Y/N	SIN	Employee Amount (\$)	Employer Amount (\$)	Total Amount (\$)

Modify Contribution Amount:

Employee Name	Account	Spousal RRSP? Y/N	SIN	Employee Amount (\$)	Employer Amount (\$)	Total Amount (\$)

If more space is required, please attach a spreadsheet with above information listing all participants included for automated remission.

Contact Name	Telephone	Email
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Authorized By

Name Title/Position held at Company

X _____
Signature Date (MM/DD/YYYY)

By requesting an Automated Remission Plan, the Employer through an authorized signing officer confirms that all signatures required to authorize transactions in the bank account provided above have agreed to the Automatic Remission Plan Terms and Conditions provided on the back of this application.

Automated Remission Plan

Hereinafter referred to as a "Pre-Authorized Chequing Plan (PAC)"

Terms and Conditions

- By signing this application, you hereby waive any pre-notification requirements as specified by section 15(a) and (b) of the Canadian Payments Association Rule H1 with regards to PACs.
- If you have indicated on the application that you want to make regular deposits using a Pre-Authorized Chequing Plan (PAC), you authorize CI Global Asset Management (CI GAM) to debit the bank account provided for the specified amount(s) and in the frequencies selected.
- If this is for your own personal investment, your debit will be considered a Personal Pre-authorized debit agreement (PAD) by Canadian Payments Association definition. If this is for business purposes, it will be considered a Business PAD. Monies transferred between CPA members will be considered a Funds Transfer PAD.
- You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAC Agreement. To obtain more information on your recourse rights, you may contact your financial institution, CI GAM or visit www.cdnpay.ca.
- You may change these instructions or cancel this plan at any time, subject to providing CI GAM notice of at least 48 hours prior to the next PAC run date. To obtain a sample cancellation form, or for more information on your right to cancel a PAC agreement, you may contact your financial institution, CI GAM or visit the Canadian Payments Association website at www.payments.ca. You agree to release the financial institution and CI GAM of all liability if the revocation is not respected, except in the case of gross negligence by the financial institution or CI GAM.
- CI GAM is authorized to accept changes to this agreement from your registered dealer or your financial advisor in accordance with the policies of that company, in accordance with the disclosure and authorization requirements of the CPA.
- You agree that the information in this form will be shared with the financial institution, insofar as the disclosure of this information is directly related to and necessary for the proper application of the rules applicable for PACs.
- You acknowledge and agree that you are fully liable for any charges incurred if the debits cannot be made due to insufficient funds or any other reason for which you may be held accountable.
- You confirm that all persons whose signatures are required to authorize transactions in the bank account provided have read and agreed to these terms and signed this application.