CI DIRECT TRADING

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Registered Plan Beneficiary & Contingency Beneficiary Designation Form

Account number: _____

Account type: _____

THIS FORM CANNOT BE COMPLETED ELECTRONICALLY AND MUST BE RECEIVED IN HARD COPY WITH ORIGINAL SIGNATURES.
NOT FOR USE BY PERSONS DOMICILED IN THE PROVINCE OF QUEBEC.

Account Holder/Annuitant Information

☐ Mr.
☐ Mrs. _____

Last name | First name & initials | Mandatory Social Insurance Number

Home Address | Apt. | (mm/dd/yyyy) Birth Date

City | Province | Postal Code | Home Phone Number | Business Phone Number

This Beneficiary & Beneficiary Contingency Beneficiary Designation Form is to apply to the above identified registered plan (the "Registered Plan") and will apply to all assets held under the Registered Plan. *(Provide only one account number. Should you wish to designate beneficiaries and contingency beneficiaries for more than one account, a separate form for each account is required.)*

Designation of Beneficiary

I understand that I am solely responsible for ensuring that the designation below is legally valid. I have received a copy of the Declaration of Trust of the Registered Plan and I am familiar with the contents thereof. In most provinces, pension legislation requires benefits from a pension plan to be paid to your spouse. If you have named someone other than your spouse as beneficiary, pension legislation may override this designation. If a beneficiary(ies) die before you unless otherwise specified on this form, we will make such transfer or payment of their portion to your legal personal representative. If you appoint more than one beneficiary (or contingent beneficiary, as the case may be), benefits will be paid in equal shares unless you specify otherwise below. I hereby revoke any previous beneficiary designation made in respect thereof and hereby designate the following as Beneficiary of the proceeds payable under such Plan in the event of my death:

1. Name of beneficiary in full | Relationship to Account Holder
   Address of Beneficiary | Social Insurance Number | Percentage Payable %
2. Name of beneficiary in full | Relationship to Account Holder
   Address of Beneficiary | Social Insurance Number | Percentage Payable %
3. Name of beneficiary in full | Relationship to Account Holder
   Address of Beneficiary | Social Insurance Number | Percentage Payable %

Designation of Contingent Beneficiary

If the above named Beneficiary is **not living** at the time of my death, I hereby designate the following as **Contingent Beneficiary**:

1. Name of beneficiary in full | Relationship to Account Holder
   Address of Beneficiary | Social Insurance Number | Percentage Payable %
2. Name of beneficiary in full | Relationship to Account Holder
   Address of Beneficiary | Social Insurance Number | Percentage Payable %

If the above-named Contingent Beneficiary is not living at the time of my death, the proceeds of the Plan will be paid to my estate.

Account Holder/Annuitant Signature

Dated at_____province of_____this_____day of_____20_____.

Account Holder/Annuitant Signature

Name of Witness (print). Must not be related to Beneficiary | Signature of Witness

Accepted on behalf of Canadian Western Trust Company by its Agent, CI Investment Services Inc.

Authorized Signature of Agent | Date

NOTES:

CAUTION: In some provinces, your designation of beneficiary (with the exception of a designation of a successor annuitant of a RRIF or a successor holder of a TFSA) by means of a designation form will not be revoked or changed automatically by any future marriage or divorce, or establishment or breakdown of a common -law partnership. If you wish to change your beneficiary, you will have to do so by means of a new designation.

QUEBEC: Any beneficiary designations made using this form by a person domiciled in Quebec, either at the time of execution or at the time of their death, may not be honoured and the assets of the Registered Plan may be payable to the estate of the deceased.

GOVERNING LAW: If you are domiciled in Canada when you die, this form will be governed by the laws of your province/territory of domicile at that time. If you are not, the laws of your Canadian province/territory of domicile at the time of execution of this form will apply. Otherwise, the laws of Ontario will apply.