

Group Plan Changes

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.

| | |
|--|-------------------|
| Employer Name | Employee Name |
| Employee Street Address (including Apt. No., P.O. Box No.) | City/Town |
| Province | Postal Code |
| Employee SIN | CI Account Number |

Please Update Address

1. Notice of Termination/Retirement/Death

| | |
|--|--|
| Termination of Employment Effective _____ | Please Stop Automated Remission |
| Retirement Effective _____ | |
| Death (please provide copy of death certificate) | Stop Date (MM/DD/YYYY) |
| Other (please explain) _____ | |

| | |
|------------------------------|-------------------|
| Plan Administrator Signature | Date (MM/DD/YYYY) |
|------------------------------|-------------------|

2. Change of Beneficiary Designation (for registered plans only)

I hereby revoke any previous beneficiary designation in the above mentioned account and, designate the person named below as my beneficiary. I reserve the right to revoke this designation.

| | | |
|---|-------------------|------------------------------|
| Name | Relationship | Please Update Address |
| Street Address (including Apt. No., P.O. Box No.) | | |
| City/Town | Province | Postal Code |
| Member Signature | Date (MM/DD/YYYY) | Witness |

For RESP Change of Beneficiary, please provide the following additional information:

| | | |
|-------------------------|----------------------------|--------|
| Social Insurance Number | Date of Birth (MM/DD/YYYY) | Gender |
|-------------------------|----------------------------|--------|

3. Client Name Change

Please change account holder name on above noted account. **No Change**

| | |
|--|--|
| From | To |
| Reason for Change: Marriage (see attached copy of marriage certificate) | Legal name change (see attached copy of name change certificate) |
| Return to maiden name (see attached divorce or separation agreement) | |

| | | | |
|--|-------------------|---------------------------------------|-------------------|
| Account holder signature prior to change | Date (MM/DD/YYYY) | Account holder signature after change | Date (MM/DD/YYYY) |
|--|-------------------|---------------------------------------|-------------------|

4. Change to Standing Investment Instructions

Please change all future contributions to the above-note account to reflect the following allocation

No Change

| Fund Number | Fund Name | Fund Allocation |
|-------------|-----------|-----------------|
| | | |
| | | |
| | | |

Member Signature _____

Financial Advisor Signature _____

Dealer / Representative Number _____

Employer Signature (if he is making all investment decisions) _____

Date (MM/DD/YYYY) _____