

# Estate Claim Form

- To avoid delays in processing this Claim Form, please ensure the advisor of record has notified CI of the deceased's date of death.
- A separate form must be completed for each beneficiary or executor.
- Refer to the CI Estate Guide on how to complete this form and for a list of requirements. For assistance, contact CI Client Services at 1-800-792-9355.

## 1. Beneficiary/Claimant or Executor Information (Mandatory)

First Name		Middle Initial	Last Name		
Street Address		Apt/Unit No.	City	Province/State	Postal Code
Country	Country of Residence (For tax reporting)	Social Insurance Number (SIN)*	Date of Birth (MM/DD/YYYY)	Phone Number	
Relationship to the Deceased		Associated CI Policy/Account Number(s)			

\*Under the Income Tax Act, your SIN is required by any person/institution preparing an information slip for you.

You are one of the of the following (select one):

- Named Beneficiary                      Joint Owner/Subscriber                      Executor/Executrix                      Estate Trustee
- Financial Trustee for a minor beneficiary (provide minor beneficiary's details):

First Name		Last Name		SIN	Date of Birth (MM/DD/YYYY)
Street Address		Apt/Unit No.	City	Province/State	Postal Code
Other (provide details): _____					

## 2. Legal Representative Information for the Estate (Executor, Estate Trustee, or Administrator) (Mandatory)

Complete this section only if the information is different from Section 1.

First Name		Middle Initial	Last Name		
Street Address		Apt/Unit No.	City	Province/State	Postal Code

## 3. Information about the Deceased (Mandatory)

First Name		Middle Initial	Last Name		
Province/State	Country of Residence	SIN	Date of Birth (MM/DD/YYYY)	Date of Death (MM/DD/YYYY)	
The deceased was (select one):	Married	Common Law*	Never Married	Separated	Divorced      Widowed

\*As defined by applicable pension jurisdiction

#### 4. Settlement Instructions (Mandatory)

Please provide settlement instructions under the applicable option(s).

##### A. Redeem (select one):

Electronic Funds Transfer (EFT) (provide banking information below or attach a copy of a void cheque):

Transit Number      Bank Number      Account Number      Account Holder's Name

Cheque payable to: \_\_\_\_\_

Mailing Address (if different from Section 1):

Street Address      Apt/Unit No.      City      Province/State      Postal Code

International wire transfer (provide full wire transfer details in Section 5 or attach instructions) **Note:** A \$25 service fee will be applied to the redemption.

##### B. Transfer (select one):

Transfer to new CI account:      Client-held (attach CI account application form)      Nominee/Intermediary-held (attach setup blotter)

Transfer to an existing CI account:      \_\_\_\_\_  
CI Account Number      Receiving Account Holder's Name

**Note:** Please provide investment instructions for the receiving account in Section 5. If no investment instructions are provided, the funds will be transferred as is.

Segregated Fund Death Claims: Upon receipt of satisfactory notification of death, CI will switch all account holdings to the front-end Money Market Fund. If no investment instructions are provided, the Death Benefit will be transferred to the new contract as front-end Money Market Fund.

Transfer in-cash to another financial institution:

Receiving Institution      FundServ A\$M Code (if applicable)

Street Address      Apt/Unit No.      City      Province/State      Postal Code

Account Number      Registration/Plan Type      Receiving Account Holder's Name      Social Insurance Number

##### C. Continue Original Investment Terms

**Mutual Fund Registered Retirement Income Fund (RRIF)** (Applicable only if surviving spouse was named as a sole beneficiary or Successor Annuitant, or if the deceased annuitant's legal representative provides consent):

Continue existing RRIF plan as Successor Annuitant

**Mutual Fund Tax-Free Savings Account (TFSA)** (Applicable if spouse is named as Successor Holder. Otherwise, the transfer will be a new contribution and an RC240 must be filed with the CRA within 30 days of the transfer.):

Continue existing TFSA plan as Successor Holder

Transfer to new CI account (attach CI account application form)

Transfer to existing CI account:      \_\_\_\_\_  
CI Account Number      Receiving Account Holder's Name

**Note:** Please provide investment instructions for the receiving account in Section 5. If no investment instructions are provided, the funds will be transferred as is.

##### Segregated Fund Policy:

Continue Original Investment Terms (If option is available for the plan/contract. RRSP and locked-in plans will be transferred to a new account.)

**Note:** If this section has not been completed upon receipt of satisfactory proof of death, CI will switch all account holdings to the front-end Money Market Fund and the Death Benefit will be triggered.

SunWise Elite Plus (SWEP), SunWise Essential Series (SWESS), and SunWise Essential Series 2 (SWESS 2) contracts: Refer to Section 6 for available options upon spousal or contract continuance.

#### 4. Settlement Instructions (Mandatory) (Continued)

##### D. Spousal Plans

Remove spousal designation where the deceased was named spousal contributor:

CI Account Number(s) \_\_\_\_\_

##### E. Joint Plans

Remove deceased account holder from joint plan(s) (Applies only to Joint Tenants with Rights of Survivorship. A new account number may be assigned.):

CI Account Number(s) \_\_\_\_\_

##### F. Registered Education Savings Plan (RESP) (New grant forms are required if the primary caregiver is changing.)

Individual RESP: Replace RESP subscriber      Joint RESP: Remove RESP subscriber

Name \_\_\_\_\_ Relationship to Beneficiary(ies) \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Social Insurance Number \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt/Unit No. \_\_\_\_\_ City \_\_\_\_\_ Province/State \_\_\_\_\_ Postal Code \_\_\_\_\_

#### 5. Additional Instructions

Please provide investment instructions for the receiving account (from Section 4):

Receiving Account Number	Fund Code	Gross Amount OR Percentage*	
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%

\* Total percentage breakdown must equal 100% for each receiving account.

Additional Instructions/Comments:

## 6. Special Considerations

### Special considerations for SunWise Elite Plus contracts with Guaranteed Withdrawal Benefit (GWB) Rider

For contracts with the **GWB Lifetime Option (LWA) payment option**, the surviving annuitant (non-registered policies) or spouse (registered policies) have the following options:

- Continue the contract under the LWA payment option. If they are over 65 years old, the Lifetime Withdrawal Amount (LWA) will be recalculated based on the greater of the market value and the Remaining GWB. If the surviving annuitant or spouse is below 65 years old, the LWA payment will be recalculated on December 31st of the year they turn 65. Any redemptions prior to this date will switch the contract to the **GWB Withdrawal Period Option (GWA)**. Please review the appropriate Information Folder and Contract for details.
- Change the payment option from LWA to GWA. By choosing this option, the payment amount remains unchanged and the Guaranteed Withdrawal Amount (GWA) payments continue for the remainder of the GWA Withdrawal Period. To change the payment option, please submit the **SunWise Elite Plus GMWB Rider Election and Payment Direction Form**.

For contracts with the **GWB Withdrawal Period (GWA) payment option**, the surviving annuitant (non-registered policies) or spouse (registered policies) have the following options:

- Continue to receive any remaining GWA payments for the remainder of the GWA Withdrawal Period.
- Change the current GWB Payment Option elected on the policy to LWA. To change the payment option, please submit the **SunWise Elite Plus GMWB Rider Election and Payment Direction Form**.

### Special considerations for SunWise Essential Series and SunWise Essential Series 2 Income Class contracts

- For contracts with the **One-Life income Stream option**, the surviving annuitant (non-registered policies) or spouse (registered policies) will become the new **LWA Life Income Stream (LIS) person**. The Lifetime Withdrawal Amount (LWA) will be based on the new LIS person's age. If the new LIS person is over 65 years old, the LWA payment will be recalculated based on the market value of the contract and applicable age tier. If the new LWA LIS person is below 65 years old, the LWA payment will be recalculated based on the market value of the contract on January 1<sup>st</sup> of the year the new LIS person turns 65, unless the **Age 55 LWA Election** is chosen. If you wish to **make the Age 55 LWA Election**, please submit the **SunWise Essential Series and SunWise Essential Series 2 Withdrawals Order Ticket**.
- For **contracts with the Two-Life income Stream option**, the LWA payments will continue based on the existing Two-Life age tier schedule.
- The **LWA Protection Service (LPS)** is included in your contract to prevent withdrawals or reclassifications that may negatively impact your future LWA payments. However, if the previous annuitant elected to discontinue this service, it will remain inactive until the new LIS person provides written direction to re-activate it.

## 7. Authorization, Discharge, and Indemnity (Mandatory)

The undersigned agrees that, upon completion of the directions contained herein, CI Investments Inc. ("CI"), Canadian Western Trust Company ("CWT") and any of their affiliates (collectively, the "Releasees"), are released and discharged of liability under the policies/accounts held by or insuring the deceased to the extent of the amount paid without taking any further action. The undersigned hereby indemnifies and agrees to hold the Releasees harmless against all claims of any kind or nature whatsoever nature and by whomever made, inclusive of all legal costs on a solicitor-client basis that may be made against the Releasees arising from this form.

\_\_\_\_\_  
Claimant's First Name

\_\_\_\_\_  
Claimant's Last Name

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Signed at (City/Town)

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Additional Executor Signature (if applicable)

**\*\*Claim must be signature guaranteed by a registered dealer/broker, bank or trust company\*\***

Signature Guarantee Stamp (Mandatory)

Signature Guaranteed by:

\_\_\_\_\_  
Institution/Dealership

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Contact Number