

Declaration of Transmission for Québec

- To avoid delays in processing this Declaration of Transmission form, please ensure the advisor of record has notified CI of the deceased's date of death.
- Refer to the CI Estate Guide on how to complete this form and for a list of requirements. For assistance, please contact CI Client Services at 1-800-792-9355.

The person(s) signing this Declaration of Transmission, being all of the liquidator(s) of the estate of the deceased, make(s) the following declaration to CI Global Asset Management ("CI"):

1. Information about the Deceased (Mandatory)

In the matter of the estate of:

 First Name Middle Initial Last Name

At the time of death, the deceased was the registered holder of the following account(s) with CI: _____
CI Account Number(s)

The deceased died on _____, and at the date of death was domiciled at:
Date of Death (MM/DD/YYYY)

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

The deceased was (select one): Married Common-law Never Married Separated Widowed Divorced _____
Date of Divorce (MM/DD/YYYY)

The matrimonial regime of the deceased was (select one): Community of Property Partnership of Acquests Separation as to Property Unknown

The regime was established by marriage contract (select one): Yes No Unknown

For locked-in plans: At the time of death, the deceased had a spouse or pension partner as defined by the applicable pension legislation:

No Yes (provide name of spouse/partner): _____
First Name Last Name

Note: The matrimonial regime of the deceased, if applicable, contains no provisions affecting transmission of the amounts described in Section 6 of this declaration.

The provisions of the partition of the family patrimony under the Civil Code of Québec were or will be respected if applicable.

2. Liquidators (Mandatory)

The liquidator(s) is (are) (additional liquidator(s) and their respective addresses can be provided in Section 5):

 First Name Middle Initial Last Name

 Phone Number Street Address Apt./Unit No.

 City Province Postal Code

 First Name Middle Initial Last Name

 Phone Number Street Address Apt./Unit No.

 City Province Postal Code

2. Liquidators (Mandatory) (Continued)

First Name Middle Initial Last Name

Phone Number Street Address Apt./Unit No.

City Province Postal Code

3. Declaration (Mandatory)

I (We) declare that a testamentary search was conducted in view of finding the most recent version of a valid will and the search certificates from the Québec Chamber of Notaries and the Québec Bar have been obtained. The deceased (select one):

Died testate and the will was not amended or revoked and I (we) have submitted along with this document one of the following:

Notarial will and all codicils, dated: _____ Will clause in a marriage contract, dated: _____
Date (MM/DD/YYYY) Date (MM/DD/YYYY)

Died intestate and I (we) have submitted along with this document one or both of the following:

Appointment of liquidator(s)

Declaration of heirship with designated liquidator(s) (additional heir(s) and their adult/minor status can be provided in Section 5):

_____ First Name	_____ Middle Initial	_____ Last Name	Minor:	Yes	No
_____ First Name	_____ Middle Initial	_____ Last Name	Minor:	Yes	No
_____ First Name	_____ Middle Initial	_____ Last Name	Minor:	Yes	No
_____ First Name	_____ Middle Initial	_____ Last Name	Minor:	Yes	No

4. Settlement Instructions (Mandatory)

By virtue of the foregoing, the liquidator(s) or heir(s) authorize and instruct CI to have the above-mentioned account(s) settled as follows:

A. Redeem (select one): Redeem all assets RIF/LIF Minimum Annual Payment

Important: This option only applies if transfer instructions are provided in Section 4B where MAP payout is required to complete the request.

Payment method (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: _____
Street Address Apt./Unit No.

City Province 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.

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 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 1st 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 (Mandatory)

The liquidator(s) assume(s) full responsibility for consulting a lawyer in order to determine whether the spouse of the deceased has rights to the property of the estate, including the family patrimony, and the respective shares of the heirs and legatees. The liquidator(s) undertake(s) to distribute, in accordance with the law, the share due to each member of the estate.

The liquidator(s) agree(s) 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 liquidator(s) hereby indemnify(ies) and agree(s) to hold the Releasees harmless against all claims of any kind or 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. This release shall bind the liquidator(s) and heir(s) designated herein and my/our administrator(s).

I/we have expressly requested that this document be drafted in the English language. *J'ai / nous avons expressément demandé que ce document soit rédigé en langue anglaise.*

X _____
Signature of Liquidator or Heir

X _____
Signature of Liquidator or Heir

X _____
Signature of Liquidator or Heir

X _____
Signature of Liquidator or Heir

Signed at (City/Town)

Date (MM/DD/YYYY)

X _____
Notary Public or Lawyer
(Signature and seal)

or

X _____
Commissioner of Oaths in the province of Québec
(Signature and commissioner number or stamp)