

# Group Plan Electronic Funds Transfer Contribution

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](http://www.cifinancial.com/ci-gam/ca/en/legal/privacy.html).

Plan Types:      Group Open      Group RSP      Group RESP      DPSP      TFSA

Group Plan Name \_\_\_\_\_ Group Plan Number \_\_\_\_\_ Date of Deposit \_\_\_\_\_

Employee Name	Spousal RRSP (Y/N)	SIN	GRSP / OPEN / TFSA		Group RESP Contribution Amount (\$)	DPSP Employer Contribution Amount (\$)	Total Contribution Amount (\$)
			Group Plan Employee Contribution Amount (\$)	Group Plan Employer Contribution Amount (\$)			
<b>TOTAL</b>							

\*Attach spreadsheet with above contribution information if more than 12 participants are included.

TD Verification Code Number \_\_\_\_\_ Total Electronic Transfer Amount \_\_\_\_\_

CI must receive the completed form by 4:00 p.m. (ET) on the date of the EFT to ensure same day trade date. Requests received after 4:00 p.m. (ET) will be processed using a trade date of the next business day.

Please provide the following information on the completed Group Plan EFT Contribution Form:

1. Group plan name, group plan number, and date of deposit
2. Individual employee contribution details in the table above (attach additional page if necessary)
3. Total electronic transfer amount
4. TD verification code number (contact TD Bank to commence a telephone transfer and upon completion, a verification code number will be provided)

Submit the completed form by fax or email to the attention of **CI Trust Accounting**:

Fax: 1-888-686-9415.

Email to both addresses:

[CMMEFTDepositsTrustAccounting@ci.com](mailto:CMMEFTDepositsTrustAccounting@ci.com)

[TrustAccounting@ci.com](mailto:TrustAccounting@ci.com)