

# Pre-Authorized Chequing Agreement

Use this form to submit new PAC instructions on an existing CI account. For new accounts, please use the CI Account Application Form. This form is not applicable for LRSP, LIRA, RIF, LIF, LRIF, PRIF, RLIF or RLSP plan types.

## 1. Investor Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Corporation or Trust Name (if applicable) \_\_\_\_\_  
 Joint First Name (if applicable) \_\_\_\_\_ Joint Last Name (if applicable) \_\_\_\_\_

## 2. Investment Information

Frequency – Please choose one:

Weekly      Bi-Weekly (every 2 weeks)      Monthly      Semi-monthly (twice a month)<sup>1</sup>      Bi-monthly (every 2 months)      Quarterly  
 Semi-annually      Annually      One-time      Total PAC Amount \_\_\_\_\_

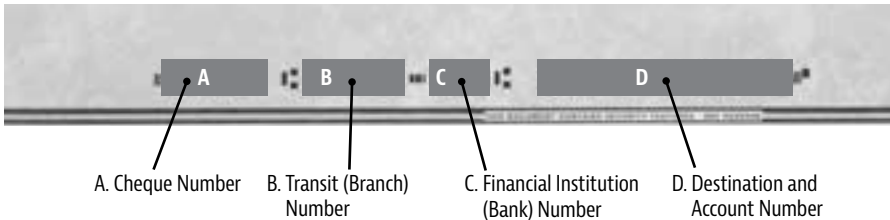
Start Date (MM/DD/YYYY)      2nd Monthly Date (MM/DD/YYYY)<sup>1</sup>      End Date (MM/DD/YYYY)

Account Number	Fund Code	ISC Sales Charge (max 5%)	Amount (\$)	Percentage (%)
		%	\$	%
		%	\$	%
		%	\$	%
		%	\$	%
<b>Totals</b>			\$	%

<sup>1</sup> This selection requires two dates

## 3. Banking Information

Transit Number \_\_\_\_\_ Bank Code \_\_\_\_\_ Account Number \_\_\_\_\_ Account Holder's Name \_\_\_\_\_  
 CAD Bank Account      USD Bank Account      **Note:** The currency of the bank account must match the funds indicated.



## 4. Terms and Conditions

- By signing this form, you hereby waive any pre-notification requirements as specified by sections 15(a) and (b) of the Canadian Payments Association Rules H1 with regards to pre-authorized debits.
- You authorize CI Investments Inc. ("CI") to debit the bank account provided for the amount(s) and in the frequencies instructed. If additional space is required, a separate sheet may be attached.
- If this is for your own personal investment, your debit will be considered a Personal Pre-authorized Debit (PAD) by Canadian Payments Association definition. If this is for business purposes, it will be considered a Business PAD. Monies transferred between CPA members will be considered a Funds Transfer PAD.
- You acknowledge that for a one-time or sporadic PAD, your PAD agreement is no longer valid once the payment has been fulfilled. Any subsequent one time or sporadic PAD request requires you to authorize a new PAD agreement.

#### 4. Terms and Conditions (continued)

- You have certain recourse rights if a debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this pre-authorized debit agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit [www.payments.ca](http://www.payments.ca)
- You confirm that all persons whose signatures are required to authorize transactions in the bank account provided have signed this agreement.
- You may change these instructions or cancel this plan at any time, provided that CI receives at least two (2) business days' notice. You agree to release the financial institution of all liability if the revocation is not respected, except in the case of gross negligence by the financial institution.
- CI is authorized to accept changes to this agreement from my registered dealer or my financial advisor in accordance with the policies of that company, in accordance with the disclosure and authorization requirements of the CPA.
- You agree that the information in this form will be shared with the financial institution, insofar as the disclosure of this information is directly related to and necessary for the proper application of the rules applicable for the pre-authorized debits.
- You acknowledge and agree that you are fully liable for any charges incurred if the debits cannot be made due to insufficient funds or any other reason for which you may be held accountable.
- You have requested this application form and all other documents relating hereto to be in English. Vous avez exigé que ce formulaire et tous le documents y afférant soient rédigés en anglais.

\_\_\_\_\_  
Applicant Signature

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

\_\_\_\_\_  
Joint Applicant Signature (if applicable)

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

\_\_\_\_\_  
Representative Signature

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

\_\_\_\_\_  
Dealer Code

\_\_\_\_\_  
Rep Code

#### USE OF PERSONAL INFORMATION NOTICE

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).

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