



Canada's Investment Company

# G5|20 Series Guaranteed Distribution Reinvestment Instructions Form

Please use this form to reinvest the Guaranteed Distributions into another CI fund.

<b>1 Account Number</b>	CI Account Number: _____ Dealer Account Number (if applicable): _____																							
<b>2 Unitholder Information</b>	Unitholder's Name: _____ Joint Unitholder's Name: _____																							
<b>3 Reinvestment Instructions for Guaranteed Distributions</b>  Guaranteed Distributions may only be reinvested into Front End (FE) funds.	<p>Guaranteed Distributions can be reinvested within the same account or transferred to a Non-Registered or TFSA plan type for reinvestment.</p> <table border="1" data-bbox="451 474 1529 749"> <thead> <tr> <th rowspan="2">G5 20 Series Fund Code</th> <th colspan="3">Guaranteed Distribution Reinvestment Instructions</th> </tr> <tr> <th>To Fund Code (FE only)</th> <th>Percentage of Guaranteed Distribution to be reinvested*</th> <th>To Account (if applicable)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>* If the reinvestment distributions instructions do not total 100%, the difference will be included as a cash distribution.          Please note that Guaranteed Distributions that are not reinvested will be paid out and automatically sent to the mailing address on file, unless otherwise specified below.</p>	G5 20 Series Fund Code	Guaranteed Distribution Reinvestment Instructions			To Fund Code (FE only)	Percentage of Guaranteed Distribution to be reinvested*	To Account (if applicable)																
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<b>4 Banking Information/ Plan Payment Details</b>  Please attach a VOID CHEQUE or complete the financial information.	<input type="checkbox"/> Deposit directly to bank account (You will receive your payments in a more timely manner if you choose this option) <table data-bbox="451 940 1529 1087"> <tr> <td>Bank Number _____</td> <td>Name of Financial Institution _____</td> </tr> <tr> <td>Transit Number _____</td> <td>Address _____</td> </tr> <tr> <td>Account Number _____</td> <td>Account Name _____</td> </tr> </table>	Bank Number _____	Name of Financial Institution _____	Transit Number _____	Address _____	Account Number _____	Account Name _____																	
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<b>5 Unitholder Authorization</b>	<p>By signing below, I (we) understand that:</p> <ul style="list-style-type: none"> <li>• If the "To Account" is left blank in section 3, reinvestment will be made within the same account</li> <li>• If the reinvestment distributions instructions do not total 100% then the difference will be included as cash distributions</li> <li>• By fully switching out/transferring out/redeeming the G5 20 Series fund(s) will cancel these reinvestment instructions and they will not be carried over</li> <li>• Switches into any new G5 20 Series funds will require new instructions to be submitted</li> <li>• I(we) have made a selection from the options listed and I(we) require no further information on these options. I(we) hereby certify that the information submitted on this form is correct to the best of my(our) knowledge.</li> </ul> <table data-bbox="451 1423 1529 1570"> <tr> <td><b>X MANDATORY</b></td> <td>_____</td> <td>YYYY/MM/DD</td> </tr> <tr> <td>Primary Unitholder's Signature</td> <td></td> <td>Date</td> </tr> <tr> <td><b>X MANDATORY</b></td> <td>_____</td> <td>YYYY/MM/DD</td> </tr> <tr> <td>Joint Unitholder's Signature (if applicable)</td> <td></td> <td>Date</td> </tr> </table>	<b>X MANDATORY</b>	_____	YYYY/MM/DD	Primary Unitholder's Signature		Date	<b>X MANDATORY</b>	_____	YYYY/MM/DD	Joint Unitholder's Signature (if applicable)		Date											
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Joint Unitholder's Signature (if applicable)		Date																						
<b>6 Representative Authorization</b>  To be completed by the representative.	<p>I acknowledge that I have received instructions from my client(s) and that I have disclosed the possible effects of this request to the client(s).</p> <p>_____</p> <table data-bbox="451 1686 1529 1801"> <tr> <td>Representative's Name</td> <td>Dealer and Representative Number</td> </tr> <tr> <td><b>X MANDATORY</b></td> <td>_____</td> </tr> <tr> <td>Representative's Signature</td> <td>Date</td> </tr> </table>	Representative's Name	Dealer and Representative Number	<b>X MANDATORY</b>	_____	Representative's Signature	Date																	
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Please send completed form to: 15 York Street, Second Floor, Toronto, Ontario M5J 0A3 | Fax: 1-800-567-7141



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**Client Services**  
English: 1-800-563-5181  
French: 1-800-668-3528

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## 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).