

Estate Claim Form



Please contact CI Investments Inc. at 1-800-563-5181 for full estate settlement requirements.

A. Information About You

- 1) Name: _____
please print or type
- 2) Address (in full): _____
postal code
- 3) Phone Numbers: Home ☎ _____ area code Business ☎ _____ area code
- 4) Social Insurance Number: _____ 5) Date of Birth: _____
dd/mm/yyyy
- 6) Relationship to the Deceased: _____
- 7) Select one of the following for each policy/account being claimed:
- a) You are the named beneficiary for policy/account number(s) _____
- b) The Estate is the beneficiary and you are the Estate Trustee for policy/account number(s) _____
- c) There is a minor beneficiary and you are the trustee for policy/account number(s) _____
Minor beneficiary's name and date of birth: _____
dd/mm/yyyy

B. Information About the Deceased

- 1) Name of the Deceased: _____
- 2) Social Insurance Number: _____ 3) Date of Birth: _____
dd/mm/yyyy
- 3) Date of Death: _____ dd/mm/yyyy 5) Place of Death: _____

C. Direction (Information about Manner of Payment)

Please indicate the method of payment:

Cheque Payable to: _____
Address: _____

Transfer funds to CI Account Mutual Fund Account: _____
Segregated Fund Policy: _____

**Segregated Funds: Upon receipt of satisfactory notification of death, CI Investments will switch all account holdings to the Front-End Money Market Fund. If Section "D" is not completed, the death benefit will be transferred to the new contract as Front-End Money Market Fund.*

Transfer Funds Institution: _____
Address: _____
Account Number: _____ Registration: _____

Continue original investment terms in policy number: _____
(Applies to successor annuitant, where applicable)

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C. Direction (Information about Manner of Payment)

Continued

Remove deceased account holder from joint plan (*Joint Tenants with Rights of Survivorship only*)

Spousal Plan Contributor Deceased – Remove Spousal Designation

Special Instructions:

D. Choose Your Investments

Fund Name	Fund Number	DSC (✓)	Sales Commission	Gross Amount OR Percentage	
			%	\$	%
			%	\$	%
			%	\$	%
			%	\$	%
			%	\$	%
			%	\$	%
			%	\$	%
			%	\$	%
			%	\$	%
			%	\$	%
Total			%	\$	%

E. Authorization, Discharge and Indemnity

The undersigned agrees that, upon completion of above direction (C), CI Investments Inc. ("CI"), and any of their affiliates, will be discharged of liability under the policies/accounts held by or insuring the deceased to the extent of the amount paid. The undersigned hereby indemnifies and agrees to hold CI harmless against all claims of whatsoever nature and by whomever made, inclusive of all legal costs on a solicitor and his own client basis, that may be made against CI arising from this form.

Signed At: _____ Date: _____
dd/mm/yyyy

Claimant's Signature: _____

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

Signature Guaranteed by:

Institution: _____ Contact: _____

Contact Phone Number: ☎ _____

*Signature Guarantee Stamp
Mandatory*