

Application number

Investment options and percentage split

- Please indicate your investment choices and percentage split below.
- The total percentage split must equal 100% (minimum 10% per account).
- In case no investment account is chosen, premiums and deposits are credited in the daily interest account.
- For two accounts or more, if no split percentage is specified, premiums and deposits are equally divided between the accounts.

Managed accounts		Interest accounts	
Conservative Strategy	%	Daily interest account	%
Balanced Strategy	%	1-year guaranteed interest account	%
Growth Strategy	%	3-year guaranteed interest account	%
Aggressive Strategy	%	5-year guaranteed interest account	%
100% Equity Strategy	%	10-year guaranteed interest account	%
CI Canadian Asset Allocation	%	Indexed accounts	
CI Global Income and Growth	%	Canadian Money Market (3-month Treasury Bill)	%
Guardian Conservative Monthly Income	%	Canadian Bonds (FTSE Canada Universe Bond)	%
Guardian Monthly Income	%	Canadian Equity (S&P/TSX)	%
PIMCO Bond	%	US Equity (S&P 500)	%
PIMCO Global Bond	%	US Equity, Technology (MSCI US IM Information Technology 25/50)	%
Triasima Canadian Equity	%	Small Cap US Equity (S&P SmallCap 600)	%
Guardian Canadian Dividend Equity	%	International Equity (MSCI EAFE)	%
Hillsdale US Equity	%	Global Equity (MSCI World Ex Canada)	%
Fiera Capital Global Equity	%	Emerging Market Equity (MSCI Emerging Markets)	%
TD Global Dividend Equity	%	Other (specify)	
C WorldWide International Equity	%		%
Lazard Global Infrastructure	%		%
Fisher Emerging Markets Equity	%		%
CI Global Real Estate	%		%
		TOTAL	100%

Transitory deposit account

The transitory deposit account will be credited in accordance with the yield of the daily interest account.

Signatures

I understand that my investment choices and percentage split appear in the present form that I completed with my financial security advisor / representative.
I hereby agree that the foregoing investment choices and percentage split shall form part of the Application No. _____. This completed and signed form must be attached to the Application bearing the above-mentioned number.

Name of policyowner / authorized person 1 (in capital letters)

X

Signature of policyowner / authorized person 1

Signed at (city and province)

Y Y Y Y M M D D

Date of signature

Name of policyowner / authorized person 2 (in capital letters)

X

Signature of policyowner / authorized person 2

Signed at (city and province)

Y Y Y Y M M D D

Date of signature

If the policyowner is a corporation or another type of entity, please provide the details below.

Name of corporation or other type of entity

Name of corporation or other type of entity

Title of authorized person who signed above

Title of authorized person who signed above

Financial security advisor / representative

X

Name of financial security advisor / representative (in capital letters)

Signature of financial security advisor / representative

Signed at (city and province)

Code of financial security advisor / representative

Y Y Y Y M M D D

Date of signature

Please attach this form to the application.