

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	%
CI Cambridge Canadian Asset Allocation	%	10-year guaranteed interest account	%
CI Signature Global Income and Growth	%	Indexed accounts	
Guardian Conservative Monthly Income	%	Canadian Money Market (3-month Treasury Bill)	%
Guardian Monthly Income	%	Canadian Bonds (FTSE TMX Canada Universe Bond)	%
PIMCO Bond	%	Canadian Equity (S&P/TSX)	%
PIMCO Global Bond	%	US Equity (S&P 500)	%
Triasima Canadian Equity	%	US Equity, Technology (MSCI US IM Information Technology 25/50)	%
Guardian Canadian Dividend Equity	%	Small Cap US Equity (S&P Small Cap 600)	%
Hillsdale US Equity	%	International Equity (MSCI EAFE)	%
Hexavest All-Country Global 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	%		%
Morgan Stanley Global Real Estate	%		%
Fisher Emerging Markets Equity	%		%
		<b>TOTAL</b>	<b>100%</b>

## 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

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

X

Signature of financial security advisor / representative

Signed at (city and province)

Code of financial security advisor / representative

Date of signature

**Please attach this form to the application.**