



Investment
Management™

COUNSEL | PORTFOLIOS

IMPORTANT NOTICE

Effective October 1, 2024, Counsel Portfolio Services Inc. and Canada Life Investment Management Ltd. have amalgamated to form Canada Life Investment Management Ltd. (CLIML). CLIML will now act as the fund manager, portfolio manager, trustee, and promoter for all Counsel funds. This change does not impact the management of the Counsel funds, and no action is required on your part.

Updating websites, materials, and forms to reflect this change will take some time. Until then, any references to Counsel Portfolio Services Inc. – whether online, in banking transactions or in print, including materials accompanying this notice – should be understood as referring to Canada Life Investment Management Ltd.

Please keep this notice with your records.

Counsel Advisor Directed Income

CLIENT AGREEMENT AMENDMENT FORM

CLIENT INFORMATION

Counsel Account Number (if existing): _____ Nominee Account Number (if existing): _____

Client Last Name: _____ Client First Name: _____

Joint Client Last Name (if applicable): _____ Joint Client First Name (if applicable): _____

Client S.I.N.: _____ Joint Client S.I.N. (if applicable): _____

FINANCIAL ADVISOR

Advisor Name: _____ Dealer/Advisor Code: _____ / _____

Telephone Number: (_____) _____

ADI INVESTMENTS

The following are the Counsel Investment Solutions that are to be included in the Counsel Advisor Directed Income (ADI) program within this account:

Short-Term Investment: _____ Fund Code: CGF _____

Medium-Term Investment: _____ CGF _____

Long-Term Investment: _____ CGF _____

ADI TRANSACTION INSTRUCTIONS

The ADI instructions included herein will replace any Systematic Withdrawal Plan instructions you have provided to Counsel, if the ADI instructions pertain to the same Counsel Investment Solutions in the same account.

AUTOMATIC EXCHANGE PROGRAM INSTRUCTIONS

Day Month Year

Frequency (please choose one): Monthly Bi-Monthly Quarterly Semi-annually Annually Start Date: _____ | _____ | _____

Transfer the amount \$/Units _____ FROM Fund Code: CGF _____ TO Fund Code: CGF _____

from one fund to another as follows: \$/Units _____ FROM Fund Code: CGF _____ TO Fund Code: CGF _____

SYSTEMATIC WITHDRAWAL PLAN Investment Account, RIF, LRIF, LIF, RLIF & PRIF Payment Instructions

- Not available for Counsel RSPs, LIRAs, RLSPs & LRSPs.

I understand that for RIFs, LIFs, RLIFs, LRIFs & PRIFs, my annual payment may not be less than the minimum amount, and for LRIFs, LIFs, RLIFs my payment may not exceed the maximum amount permitted by law. I select

Minimum amount Maximum amount \$ _____

Please process my RIF, LRIF, LIF, RLIF and PRIF payment, or the systematic withdrawal amount: Day Month Year

Monthly Bi-Monthly Quarterly Semi-annually Annually; with the first payment to commence _____ | _____ | _____

From Counsel Investment Solution: _____ Fund Code: CGF _____

I wish my payments to be

A Mailed to me B Deposited directly to my bank account - Void specimen cheque attached C Mailed to the address below

Address _____

D Payment to be sent to Nominee Counsel Investment Solution: _____

E Deposited directly to Counsel Account No.: _____ Fund Code: CGF _____

CLIENT AUTHORIZATION

Counsel Portfolio Services Inc. is hereby authorized to amend my Counsel Advisor Directed Income (“ADI”) service as per the above instructions. The instructions contained in this Client Agreement Amendment Form replace those previously submitted on the Counsel ADI Client Agreement Form and/or any amendment(s) thereto. The terms and conditions of the original agreement remain in full force and effect.

Client Name _____ Signature _____ Date _____

Joint Client(s) _____ Signature _____ Date _____
(If applicable)

Advisor Name _____ Signature _____ Date _____

Mail, Courier or Fax the completed and signed original Counsel ADI Client Agreement Amendment Form to:

Counsel Portfolio Services Inc.
180 Queen Street West
Toronto, Ontario M5V 3K1
Toll Free 1-877-216-4979
Fax 416-922-5660; Toll Free Fax 1-866-766-6623