LOGO

Transfer Authorization for Registered Investments (RRSP, LIRA, LRSP, RRIF, LRIF, LIF, RLIF, RLSP, PRIF, TFSA)

- This form can be used for transferring the registered plans listed above **except** (1) RRIF to RRSP transfers, (2) RRIF or RRSP to TFSA transfers, (3) TFSA to RRIF or RRSP transfers, (4) transfers due to death and (5) transfers due to marital breakdowns.
- Data entered on this form may be scanned and stored electronically. Please print neatly to ensure completeness, accuracy and machine-readability.

A: Client Identification

Account/Policy Holder Last Name | First Name | Initial(s) | Social Insurance Number

Address | ( ) Home Telephone Number

City | Province | Postal Code | ( ) Business Telephone Number

B: Receiving Institution Information

Receiving Institution Name | Contact Name

Address | ( ) Telephone Number

City | Province | Postal Code | ( ) Fax Number

Group Plan Number (if applicable) | Client Account/Policy Number

For use by CDS Participants only

Insert clearing and settlement information (E.g., CDS CUID, DTCC Participant #)

Firm Information	Subsidiary Information	Affiliate Information	Other

For use by Mutual Fund Brokers/Dealers only

Dealer Name | Dealer Number | Dealer Account Number

Agent Name | Agent Number | ( ) Business Telephone Number | ( ) Business Fax Number

Registered Type:

☐ RRSP ☐ RRIF ☐ LIRA
☐ Spousal RRSP ☐ Spousal RRIF ☐ LIF
☐ LRSP ☐ LRIF ☐ RLIF
☐ RLSP ☐ PRIF ☐ TFSA

Investment Instructions:

Investment Name	Symbol	%/$ Amount

Locked-In Confirmation

____________________, as agents for ____________________, acknowledge that all locked-in funds from the registered plan noted in the Client Direction to the Relinquishing Institution section below will be transferred to the registered plan type noted and will continue to be administered in accordance with the governing pension legislation or contractual conditional of ____________________(Province or Territory; if applicable, ☐ old ☐ new). Any subsequent transfer of these locked-in funds to another trustee or financial institution will be made only to another registered plan, which must continue to be administered in accordance with legislation of the jurisdiction noted above. No transfer of locked-in funds will be permitted unless the receiving plan is appropriately registered and in compliance with the applicable pension legislation, regulations and the Income Tax Act (Canada) and appears on the Superintendent's List of Financial Institutions authorized to administer funds in the jurisdiction noted above (if applicable).

Authorized Signature | Name | Date

C: Client Direction to Relinquishing Institution

Relinquishing Institution Name | Group Plan Number (if applicable)

Address | Client Account/Policy Number

City | Province | Postal Code

Transfer: *(check one box only for asset transfer instructions and an additional box if asset list is attached)*

☐ All in kind (as is) ☐ Cash balance only as at date of transfer by Relinquishing Institution ☐ Partial*; see list below or check here ☐ if list attached
☐ All in cash* ☐ All assets*, but mixed in cash and in kind; see list below or check here ☐ if list attached

***Please refer to statement in bold in Client Authorization section below**.

	Investment Amount	Symbol and/or Certificate Number or Policy Number	Investment Description
☐ In Kind Shares/Units ☐ In Cash Dollars			
☐ In Kind Shares/Units ☐ In Cash Dollars			

D: Client Authorization

I hereby request the transfer of my account and its investments as described above.

***WHERE I HAVE REQUESTED A TRANSFER IN CASH, I AUTHORIZE THE LIQUIDATION OF ALL OR PART OF MY INVESTMENTS AND AGREE TO PAY ANY APPLICABLE FEES, CHARGES OR ADJUSTMENTS.**

Signature of Account Holder | Date | Signature of Irrevocable Beneficiary/Former Spouse (if applicable) | Date

(For locked-in plans) Spouse: I consent to the transfer of the account.

Signature of Spouse (if applicable) | Date

E: For Use By Relinquishing Institution Only

Registered Type: ☐ RRSP ☐ LIRA ☐ LRSP ☐ RRIF: ☐ *Qualified* ☐ *Non-qualified*
☐ PRIF ☐ RLIF ☐ RLSP ☐ TFSA ☐ LRIF ☐ LIF: ☐ *Federal LIF* ☐ *Old LIF* ☐ *New LIF*

Spousal Plan: ☐ No ☐ Yes If yes: ____________________
Last Name | First Name | Initial | Social Insurance Number

- The default is "unisex;" if sex-distinct, check here ☐
- Current year's investment earnings to date: $ __________
- If spouse waiver/consent form attached, check here ☐

Locked-In: ☐ No ☐ Yes If yes, locked-in confirmation attached ☐ Locked-in funds: $ __________ Governing legislation __________

Contact Name | ( ) Telephone Number | ( ) Fax Number

Authorized Signature | Date (DD/MM/YY)