



• 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.

LIFE • HEALTH • RETIREMENT • 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) _____

Address _____

City _____ Province _____ Postal Code _____

Social Insurance Number _____
()

Home Telephone Number _____
()

Business Telephone Number _____

B: Receiving Institution Information

Receiving Institution Name _____

Address _____

City _____ Province _____ Postal Code _____

Contact Name _____
()

Telephone Number _____
()

Fax Number _____

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

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

Firm Information	Subsidiary Information	Affiliate Information	Other
_____	_____	_____	_____
_____	_____	_____	_____

For use by CDS Participants only

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
<input type="checkbox"/> In Kind <input type="checkbox"/> In Cash <input type="checkbox"/> Shares/Units <input type="checkbox"/> Dollars			
<input type="checkbox"/> In Kind <input type="checkbox"/> In Cash <input type="checkbox"/> Shares/Units <input type="checkbox"/> 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/Formal 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) _____