

Transfer Authorization for Registered Investments (RSP, LIRA, LRSP, RIF, LRIF, LIF)

This form can be used for RSP to RSP transfers (except for transfers due to death), RSP to RIF transfers, and RIF to RIF transfers

Please note: The 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	Init.
Address			
City			Prov. Postal Code
Social Insurance Number	Home Telephone Number []	Business Telephone Number []	

**B:
Receiving
Institution
Information**

Receiving Institution Name			
Address			
City			Prov. Postal Code
Contact Name	Telephone Number []	Fax Number []	
Group Plan Number (if applicable)	Client Account/Policy Number		
Dealer Name			Dealer Number
Agent Name			Agent Number
Business Telephone Number []	Business Fax Number []	Dealer Account Number	

For use by
Mutual Fund
Brokers/Dealers
only

Investment Instructions:

Registered Type:

- RRSP RRIF
 Spousal RRSP Spousal RRIF
 LIRA LRIF
 LRSP LIF
 RPP GRSP

Investment Name	Fund Number	Acquisition Fee Front End Load	(\$ or (%) Amount
			\$ %
			\$ %
			\$ %

**C:
Client Direction
to Relinquishing
Institution**

Relinquishing Institution Name			
Address			
City			Prov. Postal Code
Group Plan Number (if applicable)	Client Account/Policy Number		

Transfer: (check one box only)

- All in cash*
 All as is (in Kind)
 All assets*, but mixed in Cash and as is (in Kind), see list below or attached list
 Partial* - as listed below or on attached list

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

In Kind <input type="checkbox"/>	In Cash <input type="checkbox"/>	Investment Amount	Fund and/or Certificate Number or Policy Number
Shares/Units <input type="checkbox"/>	Dollars <input type="checkbox"/>	Investment Description	
In Kind <input type="checkbox"/>	In Cash <input type="checkbox"/>	Investment Amount	Fund and/or Certificate Number or Policy Number
Shares/Units <input type="checkbox"/>	Dollars <input type="checkbox"/>	Investment Description	
In Kind <input type="checkbox"/>	In Cash <input type="checkbox"/>	Investment Amount	Fund and/or Certificate Number or Policy Number
Shares/Units <input type="checkbox"/>	Dollars <input type="checkbox"/>	Investment Description	

**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	Irrevocable Beneficiary: I consent to the transfer of the account. Signature of Irrevocable Beneficiary (if applicable)	Date
X		X	

**E:
For Use By
Relinquishing
Institution Only**

Registered Type:	<input type="checkbox"/> RRSP <input type="checkbox"/> LIRA <input type="checkbox"/> LRSP <input type="checkbox"/> RRIF: <input type="checkbox"/> Qualified <input type="checkbox"/> Non Qualified <input type="checkbox"/> LRIF <input type="checkbox"/> LIF <input type="checkbox"/> GRSP
Spousal Plan:	<input type="checkbox"/> No <input type="checkbox"/> Yes - if yes, complete the following contributor's information
	Last Name First Name Social Insurance Number
Locked In:	<input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, attach Locked-In confirmation
	Amount Transferred \$ Indicate Locked-In Amount Transferred \$ Governing Legislation
Contact Name	Telephone Number [] Fax Number []
Authorized Signature	Date D D M M Y Y Y Y