



LAURENTIAN BANK
OF CANADA

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 date entered on this form may be scanned and stored electronically. Please print neatly in the spaces provided 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		Contact Name		
LAURENTIAN BANK DEPOSIT AGENT CENTRE				
Address				
130 ADELAIDE WEST SUITE 404				
City			Prov.	Postal Code
TORONTO			ON	M5H-3P5
Telephone Number		Fax Number		Group Plan Number (if applicable)
[800]461-9938		-		
Client Account/Policy Number				

For use by
Mutual Fund
Brokers/Dealers
only

Dealer Name		Dealer Number		
Agent Name		Agent Number		
Business Telephone Number		Business Fax Number		Dealer Account Number
[] - []		[] - []		

Registered Type:

- RRSP RRIF
 Spousal RRSP Spousal RRIF
 LIRA LRIF
 LRSP LIF

Investment Instructions:

Investment Name	Symbol	% / \$ 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	In Cash	Investments Amount	Symbol and/or Certificate Number or Policy Number
<input type="checkbox"/>	<input type="checkbox"/>		
Shares/Unit	Dollars	Investments Description	
<input type="checkbox"/>	<input type="checkbox"/>		
In Kind	In Cash	Investments Amount	Symbol and/or Certificate Number or Policy Number
<input type="checkbox"/>	<input type="checkbox"/>		
Shares/Unit	Dollars	Investments Description	
<input type="checkbox"/>	<input type="checkbox"/>		
In Kind	In Cash	Investments Amount	Symbol and/or Certificate Number or Policy Number
<input type="checkbox"/>	<input type="checkbox"/>		
Shares/Unit	Dollars	Investments Description	
<input type="checkbox"/>	<input type="checkbox"/>		

FOR USE BY
RELINQUISHING INSTITUTION

Delay Delivery Until

D D M M Y Y Y Y

Delay Delivery Until

D D M M Y Y Y Y

Delay Delivery Until

D D M M Y Y Y Y

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.	Date
		Signature of Irrevocable Beneficiary (if applicable)	

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
Spousal Plan:	<input type="checkbox"/> No <input type="checkbox"/> Yes - if yes: Last Name
	First Name Init. Social Insurance Number
	- -
Locked in:	Locked-in Funds Governing Legislation
<input type="checkbox"/> No <input type="checkbox"/> Yes - confirmation attached	\$
Contact Name	Telephone Number Fax Number
	[] - [] [] - []
Authorized Signature	Date