

Transfer Authorization for Registered Investments (RRSP, LIRA, LRSP, RRIF, LRIF, LIF)

This form can be used for RRSP to RRSP transfers (except for transfers due to death), RRSP to RRIF transfers, and RRIF to RRIF transfers.

Please note: The data 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 Phone ()		Business Phone ()	

B Receiving Institution Information	B2B TRUST, SD-RRSP		Client Account / Policy Number	
	130 Adelaide Street West, Suite 404, Toronto, ON M5H 3P5, Tel : 1.800.263.8349		Dealer Number	
	Dealer Name		Advisor Number	
	Advisor Name		Dealer Plan Number	
	Phone ()	Fax ()		

Registered Type :

- RRSP RRIF
 Spousal RRSP Spousal RRIF
 LRSP LRIF
 LIRA LIF

Investment Instructions:

Fund Name	Fund Code	Amount (\$ or %)

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

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	Investment Amount	Symbol and/or Certificate Number or Policy Number	Investment Description
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

FOR USE BY RELINQUISHING INSTITUTION Delay Delivery Until							
D	D	M	M	Y	Y	Y	Y
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. Signature of Irrevocable Beneficiary (if applicable)
			Date

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: <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes locked-in confirmation attached	
	Locked-In Funds \$	Governing Legislation
Contact Name	Phone ()	Fax ()
Authorized Signature	Date (DD-MM-YYYY)	