



This form is used to transfer all account types. For registered plans, this form replaces the T2033 or T2151.

COMPLETING THE TRANSFER AUTHORIZATION FORM

- This form is used to transfer ALL account types (e.g., Non-RSP, RRSP, RRIF, etc.) from another financial institution to your account with Mawer Investment Management Ltd. (Mawer).
- Please complete sections A, B, C and sign & date section D. For new accounts, please leave the account number blank in section B. If you have questions or require help completing the form, contact Mawer.
- A Transfer Authorization must be completed for each account you wish to transfer to Mawer. If you are transferring investments with a specified maturity date, a Transfer Authorization is required for each maturity date.

GENERAL INFORMATION

- The Transfer Authorization is to be returned to Mawer along with your Investment Application. Please include a copy of a recent statement detailing the account you wish to transfer. Mawer will send the Transfer Authorization to the relinquishing institution directly.
- The average time it will take for the transfer proceeds to be received by Mawer will be approximately 2-4 weeks. The time varies depending on the relinquishing institution.
- Proceeds will be invested upon receipt in the Mawer Mutual Fund(s) indicated on the Transfer Authorization. A Transaction Confirmation detailing the purchase will be mailed to you.

Thank you for investing with Mawer Mutual Funds

Increasing Your Wealth. Wisely.™

900, 603 - 7th Avenue SW, Calgary, AB T2P 2T5
Email: info@mawer.com Website: www.mawer.com
Tel: (403) 262-4673 Toll free: (800) 889-6248 Fax: (403) 262-4099

A CLIENT INFORMATION

Client Name (s): _____

Address: _____

City _____ Province _____ Postal Code _____

_____ Home telephone _____ Business telephone _____

Social Insurance Number/Business ID

B RECEIVING INSTITUTION

Dealer Code: ☐ 9000 MAWER ☐ 9000 MIMND ☐ Other _____

Receiving Institution: **Mawer Investment Management Ltd.** Contact Name: _____
900, 603 – 7th Avenue SW Telephone (403) _____ Fax (403) _____
Calgary, Alberta T2P 2T5

Please credit: ☐ Account Number _____ Fund Number _____ %
 _____ Fund Number _____ %
 _____ Fund Number _____ %

☐ Non-Registered Account ☐ RRSP ☐ Spousal RRSP ☐ LRRSP/LIRA ☐ RRIF ☐ Spousal RRIF ☐ Other _____

C CLIENT DIRECTION TO RELINQUISHING INSTITUTION

Transfer my: ☐ Non-Registered Account ☐ RRSP ☐ Spousal RRSP ☐ LRRSP/LIRA ☐ RRIF ☐ Spousal RRIF ☐ Other _____

Relinquishing Institution Name: _____

Address: _____

City _____ Province _____ Postal Code _____

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

Transfer: (check one box only)

☐ All in cash* ☐ All as is (in Kind) ☐ Partial* - as listed below or on attached list

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

For use by
Relinquishing Institution

☐ In Kind
or Unit/Dollar Amount: _____ Investment Description: _____

☐ In Cash

☐ In Kind
or Unit/Dollar Amount: _____ Investment Description: _____

☐ In Cash

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 assets as described in section C. Please cancel all open orders, automatic withdrawals, and pre-authorized chequing for my account at your firm. *If you have asked for a cash transfer, you understand that all or part of your investments will be liquidated and you agree to pay any fees or charges that may apply and may incur capital gains and/or losses.

Client Signature _____ [D][D][M][M][Y][Y][Y][Y]

E FOR USE BY RELINQUISHING INSTITUTION ONLY

Account Type: ☐ Non-Registered Account ☐ RRSP ☐ Spousal RRSP ☐ LRRSP/LIRA ☐ RRIF ☐ Spousal RRIF ☐ Other _____

If Spousal Plan, complete below:

Spouse's Last Name Spouse's First Name Social Insurance Number/Business ID

Locked-in Funds ☐ No ☐ Yes Complete if "Yes" :
 Dollar Amount \$ _____ Status of Plan Holder: ☐ Member ☐ Spouse of Member ☐ Former Spouse of Member
 Governing Pension Legislation ☐ Federal ☐ Provincial (Specify) _____

☐ If RRIF property is transferred to another RRIF, we have paid or will pay the annuitant the minimum amount for the year.

Contact Name _____ Telephone number _____ Fax number _____

I certify that the information given in this section is true and complete in every aspect.

Total Amount Transferred

Authorized Signature [D][D][M][M][Y][Y][Y][Y] \$ _____