



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 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											
B2B TRUST										DEPOSIT AGENT CENTRE											
Address																					
130 ADELAIDE WEST SUITE 300												Prov.		Postal Code							
TORONTO												ON		M5H-3P5							
Telephone Number																					
800461-9938																					
Client Account/Policy Number																					
Dealer Name																		Dealer Number			
Agent Name																		Agent Number			
Business Telephone Number						Business Fax Number						Dealer Plan Number									

For use by Mutual Fund Brokers/Dealers only

Registered Type

Investment Instructions:

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

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

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												
No	Yes - Locked-In confirmation attached											
	\$										Governing Legislation	
Contact Name	Telephone Number						Fax Number					
Authorized Signature	Date (DD-MM-YYYY)											