Transfer Authorization of Investment (In-Kind/Cash)

☑ Must be completed for Client Name Plans

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Client	Informati	tion (Please che	ck one b	ox and print name	in full	)						
Account Holder (	(please checi	k one box and print i	name in i	full) □ Mr. □	Mrs.	□ M	ls. 🗆	Dr. □	Corporate			
Last Name			Fire	st Name			Initia	ıl		D	DB (MM/DD/YYYY)	
										υ.	55 (WIIVI/55/1111)	
Co-Account Hold	der <i>(please cl</i>	heck one box and p	rint name	e in full) □ Mr. □	Mrs.		ls. 🗆	Dr. $\square$	Corporate			
Last Name			Firs	st Name			Initia	ıl		DO	DB (MM/DD/YYYY)	
2 Transf	fer Type										,	
□ Open to I □ RSP to C		Open to RESP RESP to Open		Open to TFSA TFSA to Open		RIF to LIF to	•		RSP to TFSA TFSA to RSP		Other	
		•		Trok to Open	Ш	LIF to	•			-		
<b>3</b> Institu	tion Tra	nsferring Fro	om			4	Insti	itutio	n Transfer	ring T	0	
□ In Kind												
☐ In Cash	Account Number			Fund Number			– Account Number				Fund Number	
	Insurance	Company Name		Transfer Amo	unt	_	Fund N	lame			Transfer Amount	
<ul><li>□ In Kind</li><li>□ In Cash</li></ul>						_						
_ III Guoii	Account N	Account Number			Fund Number		Account Number				Fund Number	
				—— <del>—</del>		_						
	Insurance Company Name			Transfer Amount			Fund Name				Transfer Amount	
☐ In Kind												
☐ In Cash	Account N	lumber	Fund Number		•	- ⇒	Account Number			Fund Number		
	Insurance	Company Name		Transfer Amo	unt	_	Fund N	lame			Transfer Amount	
Special												
Instructions	S											
6 Accou	ınt Hold	er(s) Signatu	ıre Re	quired								
X					Х							
Account Holder's				MM/DD/YYYY		Accoun	t Holder	's Signa	ture		MM/DD/YYYY	
6 Dealer	/Financi	al Advisor S	ignat	ure Required								
X												
Financial Advisor Signature			FA Name & Dealer Number			MM/DD/YYYY			(E	SIGNATURE GUARANTEE (BANK, TRUST COMPANY OR DEALER) OR STAMP (IF NECESSARY)		
X Dealer Officer/Br	rongh Mara	or Cianature	DO/D	Malama		N 41	M/DDAA	.///		O. OTAW	. ( /15555/111)	
Dealer Officer/Br	ranch ivianad	ei Signature	DO/B	M Name		IVI	M/DD/Y\	1 Y Y				

## Note:

This form must be used for all "Client Name" held accounts and maybe be used for certain types of transfers in "Intermediary" (Self-Directed) held accounts require the appropriate form provided by each carrier. Refer to the Account Operations Manual or contact Dealer Services at 416-622-9969 if you require clarification or have any questions.