



Must be completed for Client Name Plans

**1 Client Information** (Please check one box and print name in full)

Account Holder (please check one box and print name in full)  Mr.  Mrs.  Ms.  Dr.  Corporate

\_\_\_\_\_  
Last Name First Name Initial DOB (MM/DD/YYYY)

Co-Account Holder (please check one box and print name in full)  Mr.  Mrs.  Ms.  Dr.  Corporate

\_\_\_\_\_  
Last Name First Name Initial DOB (MM/DD/YYYY)

**2 Transfer Type**

- Open to RSP  Open to RESP  Open to TFSA  RIF to Open  RSP to TFSA  Other  
 RSP to Open  RESP to Open  TFSA to Open  LIF to Open  TFSA to RSP

**3 Institution Transferring From**

**4 Institution Transferring To**

- In Kind  
 In Cash

\_\_\_\_\_  
Account Number Fund Number ⇒ Account Number Fund Number  
\_\_\_\_\_  
Fund Company Name Transfer Amount Fund Name Transfer Amount

- In Kind  
 In Cash

\_\_\_\_\_  
Account Number Fund Number ⇒ Account Number Fund Number  
\_\_\_\_\_  
Fund Company Name Transfer Amount Fund Name Transfer Amount

- In Kind  
 In Cash

\_\_\_\_\_  
Account Number Fund Number ⇒ Account Number Fund Number  
\_\_\_\_\_  
Fund Company Name Transfer Amount Fund Name Transfer Amount

**Special  
Instructions**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5 Account Holder(s) Signature Required**

Account Holder's Signature MM/DD/YYYY  Co-Account Holder's Signature MM/DD/YYYY

**6 Dealer/Financial Advisor Signature Required**

Financial Advisor Signature FA Name & Dealer Number MM/DD/YYYY  
 Dealer Officer/Branch Manager Signature DO/BM Name MM/DD/YYYY

SIGNATURE GUARANTEE  
(BANK, TRUST COMPANY OR DEALER)  
OR STAMP (IF NECESSARY)

**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. All "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.