

- This form can be used for transferring the registered plans listed above except (1) RIF to RSP transfers, (2) RIF or RSP to TFSA transfers, (3) TFSA to RIF or RSP transfers, (4) transfers due to death and (5) transfers due to marital breakdowns.
- Data entered on this form may be scanned and stored electronically. Please print neatly to ensure completeness, accuracy and machine-readability.

A: Client Identification

Account/Policy Holder Last Name

First Name

Initial(s)

Social Insurance Number

Address

Home Telephone Number
()

City

Province

Postal Code

Business Telephone Number
()

B: Receiving Institution Information

Receiving Institution Name

☐ B2B Bank Financial Services Inc. (CIRO)

☐ B2B Bank Intermediary Services Inc. (AMF)

☐ B2B Bank Securities Services Inc. (CIRO)

Contact Name
CLIENT SERVICES

Address

Telephone Number
(416) 964-0028

199 BAY STREET, SUITE 610 PO BOX 35 STN COMMERCE COURT

Fax Number
(416) 979-0638

City

Province

Postal Code

Fax Number

TORONTO

ON

M5L 0A3

(416) 979-0638

Group Plan Number (if applicable)

Client Account/Policy Number

FOR BBS DELIVERIES ONLY USE FINS #T080

For use by Dealers only

Dealer Name

Dealer Number

Dealer Account Number

Advisor Name

Advisor #

Business Telephone Number
()

Business Fax Number
()

Registered Type:

☐ RSP

☐ LRSP

☐ RIF

☐ LRIF

☐ LIRA

☐ RLIF

☐ Spousal RSP

☐ RLSP

☐ Spousal RIF


☐ PRIF

☐ LIF

☐ TFSA

Locked-In Confirmation

B2B Bank Financial Services Inc., B2B Bank Securities Services Inc., or B2B Bank Intermediary Services Inc., as agent for B2B Trustco, agrees to administer all locked-in funds transferred under this transfer authorization in accordance with the governing pension legislation indicated in Section E below. Any subsequent transfer of these locked-in funds to another trustee or financial institution will be made only to another registered plan, which will continue to be administered in accordance with the requirements indicated below. No transfer of locked-in funds will be permitted unless the receiving plan is appropriately registered and in compliance with the applicable pension legislation, regulations and the *Income Tax Act* (Canada) and appears on the Superintendent's list of Financial Institutions authorized to administer funds in the jurisdiction noted above (if applicable).



Authorized B2B Trustco
Signing Officer/Agent

C: Client Direction to Relinquishing Institution

Relinquishing Institution Name

Group Plan Number (if applicable)

Address

Client Account/Policy Number

City

Province

Postal Code

Transfer: (check one box only for asset transfer instructions)

☐ All in kind (as is)

☐ Partial*; see list below or attached list

☐ All in cash*

☐ All assets*, but mixed in cash and in kind; see list below or attached list

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

	Investment Amount	Symbol and/or Certificate Number or Policy Number	Investment Description
<div><div><input type="checkbox"/> In Kind</div><div><input type="checkbox"/> In Cash</div><div><input type="checkbox"/> Shares/Units</div><div><input type="checkbox"/> Dollars</div></div>			
<div><div><input type="checkbox"/> In Kind</div><div><input type="checkbox"/> In Cash</div><div><input type="checkbox"/> Shares/Units</div><div><input type="checkbox"/> Dollars</div></div>			
<div><div><input type="checkbox"/> In Kind</div><div><input type="checkbox"/> In Cash</div><div><input type="checkbox"/> Shares/Units</div><div><input type="checkbox"/> Dollars</div></div>			
<div><div><input type="checkbox"/> In Kind</div><div><input type="checkbox"/> In Cash</div><div><input type="checkbox"/> Shares/Units</div><div><input type="checkbox"/> Dollars</div></div>			

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 (mm/dd/yyyy)

Signature of Irrevocable Beneficiary/Former Spouse (if applicable)

Date (mm/dd/yyyy)

Signature of Spouse (if applicable)

Date (mm/dd/yyyy)

(For locked-in plans) Spouse: I consent to the transfer of the account.

E: For Use By Relinquishing Institution Only

Registered Type:

☐ RSP

☐ LIRA

☐ LRSP

☐ RIF:

☐ Qualified

☐ Non-qualified

☐ PRIF

☐ RLIF

☐ RLSP

☐ TFSA

☐ LRIF

☐ LIF:

☐ Federal LIF

☐ Old LIF

☐ New LIF

Spousal Plan:

☐ No

☐ Yes If yes:

Last Name

First Name

Initial

Social Insurance Number

Locked-In:

☐ No

☐ Yes If yes, locked-in confirmation attached

☐ Locked-in funds: \$

Governing legislation

• The default is “unisex;” if sex-distinct, check here

☐ For plans governed by Manitoba PBA, if Death Benefit waiver attached, check here

• If spouse waiver/consent form attached, check here

☐

• For LIF governed by Manitoba PBA: Is the transferor aware of a one-time transfer under section 21.4 of the Manitoba PBA:

Yes

No

For LIF governed by AB, ON and MB

Plan value on January 1: \$

Transfers out in current year: \$

and LRIF governed by NL and ON:

Transfers in current year: \$

Income payments in current year: \$

Current year's investment earnings: \$

Original (creation) date of plan (LRIF only):

Date (mm/dd/yyyy)

Contact Name

Telephone Number
()

Fax Number
()

Authorized Signature

Date (mm/dd/yyyy)