



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**

<input checked="" type="checkbox"/>	Account Holder's Signature	MM/DD/YYYY	<input checked="" type="checkbox"/>	Co-Account Holder's Signature	MM/DD/YYYY
	_____	_____		_____	_____

**6 Dealer/Financial Advisor Signature Required**

<input checked="" type="checkbox"/>	Financial Advisor Signature	FA Name & Dealer Number	MM/DD/YYYY
	_____	_____	_____
<input checked="" type="checkbox"/>	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.