

(also referred to as the "Firm")

Investment Advisor

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Account Number

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Name of Delivering Institution				Date (mm/dd/yyyy)			
Address			Postal code		City		Province
Account Holder First Name			Middle Name			Last name	
Account Holder Apt. or suite		Legal land or street address		City		Province	Postal Code
Social Insurance Number			Residential phone number			Alternate phone number	

This is my authorization to you to deliver to the Firm the account(s) you are carrying for me and for the Firm to receive this account(s). These instructions are given subject to the Firm's approval of my account(s).

	Account Numbers at Delivering Institution	Account Numbers at the Firm *	Type of Account	Currency
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

**PLEASE NOTE - The selection below will apply to ALL accounts listed on this form. If you wish to select different options for different accounts, please complete and sign a separate transfer form.**

<b>Transfer:</b> (check <u>one</u> box only)	<input type="checkbox"/> All assets as is (in Kind) Approx. transferred value \$ _____	<input type="checkbox"/> All assets in Cash (securities will be liquidated)* Approx. transferred value \$ _____	<input type="checkbox"/> All assets*, mixed - in Cash and in Kind (see list below or attached list)	<input type="checkbox"/> Partial (see list below or attached list)
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\* Please refer to the statement in bold in the Client Authorization section below

<input type="checkbox"/> In Kind	<input type="checkbox"/> In Cash	Security Details _____	Amount \$ _____
<input type="checkbox"/> In Kind	<input type="checkbox"/> In Cash	Security Details _____	Amount \$ _____
<input type="checkbox"/> In Kind	<input type="checkbox"/> In Cash	Security Details _____	Amount \$ _____

**Client Authorization**

Please attach a copy of the most recent statement to ensure no delays/rejections.

In the event that, for any reason, any of the securities held for my account cannot be delivered to the Firm in accordance with this instruction, I request that you contact me in writing immediately, indicating the security affected and the reason for the inability to deliver.

I hereby request the transfer of my account and its investments as described above. \* **Where I have requested a transfer in cash, I authorized the liquidation of all or part of my investments and agree to pay any applicable fees, charges or adjustments.**

I have also requested the Firm to act on my behalf in the resolution of any incidental account differences or adjustments which may arise with you as a result of this account transfer request.

**PLEASE CANCEL ALL OPEN ORDERS (G.T.C.) FOR MY ACCOUNT(S) ON YOUR BOOKS.**

X \_\_\_\_\_  
Signature of Account Holder

X \_\_\_\_\_  
Signature of Co-Account Holder

(FOR OFFICE USE ONLY)

Asset(s) Listing(s) Attached Confirmed by Delivering Institution

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

FINS #: \_\_\_\_\_

**Receiving Institution Information:**

**CANACCORD GENUITY CORP.**  
PO Box 10337 Pacific Centre  
2200-609 Granville Street  
Vancouver, BC V7Y1H2

Contact Name: \_\_\_\_\_

Contact Phone Number: (604) \_\_\_\_\_ Fax: (604) 643-1842

FINS #: T033 CUID: CCAX DTC: 5046

Dealer #: 7782 Euroclear #: 92282 IA Code: \_\_\_\_\_