

Investment Advisor

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Account Number

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This form can be used for RSP to RSP transfers, RSP to RIF transfers, and TFSA to TFSA transfers (except for transfers due to death).  
A separate form is required for each plan account. Please complete the account number.

### Client identification

Title:  Mr.  Mrs.  Miss  Ms.  Dr.

First name	Middle name	Last name	
Apt. or suite	Legal land or street address	Postal code	Province
City	Residential phone number		Social Insurance Number
Alternate phone number		City	

### Receiving institution information

Receiving Institution Name <b>CANACCORD GENUITY CORP.</b>		Contact Name	
Address <b>PO BOX 10337 PACIFIC CENTRE</b>		Postal code <b>V7Y1H2</b>	
City <b>VANCOUVER</b>	Province <b>BC</b>	Business phone number	Business Fax <b>604.643.1842</b>
<b>FINS # T033</b>	<b>CUID: CCAX</b>	<b>DTC #5046</b>	<b>Dealer # 7782</b>
		<b>Euroclear # 92282</b>	

Type: **Non-locked-in:**

TFSA  RRIF  SPOUSAL RRIF  
 RRSP  SPOUSAL RRSP

**Locked-in:**

LIRA  LRSP  
 LIF  LRIF

Governing Pension Legislation: \_\_\_\_\_

Other: \_\_\_\_\_

### Client direction to relinquishing institution

Relinquishing Institution Name	Postal code
Address	City
Province	Client Account
Group Plan Number (if applicable)	

**Transfer:**

<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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(check one box only)

\*Please refer to the statement in bold in the client authorization section below

In Kind  In Cash Security details \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 In Kind  In Cash Security details \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 In Kind  In Cash Security details \_\_\_\_\_ Amount \$ \_\_\_\_\_

### 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.**

**\*\*Where I have requested a transfer in kind, I authorize the liquidation of \_\_\_\_\_ to pay any applicable fees, charges or adjustments or to satisfy any minimum payment required by law.**

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

\_\_\_\_\_  
Date (MM/DD/YY)

#### For use by relinquishing institution only

Account Type:

TFSA  RRSP  LIRA  LRSP  RRIF  Qualified  Non Qualified  LRIF  LIF

Has the annuitant's spouse ever contributed amounts to the RRSP?  No  Yes  does not apply

Spousal Plan:  No  Yes- if yes, complete below

Spouse:

Title: Mr. Mrs. Miss Ms. Dr.

First name	Middle name	Last name
Social Insurance Number		Phone number
Locked-in: No Yes (locked-in confirmation attached) Locked-in Funds \$ _____		Governing Legislation: _____
Contact Name		

(RRIF, LRIF, LIF) We certify that the required minimum payment has been made for the current year:  Yes

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Date (DD/MM/YY)