

## **Transfer Authorization for Registered Investments**

(RSP, LIRA, LRSP, RIF, LRIF, LIF, RLIF, RLSP, PRIF, TFSA)

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:<br>Client<br>Identification                               | Account/Policy Holde   | er Last Name  |               | First Name  |              |              | In                            | itial(s) So  | cial Insurance Nu                                  | mber                        |  |
|  | Address  |   |               | I   |              |              |                               | Ho<br>(  | Home Telephone Number                              |                             |  |
|  | City   |   |               | Province Postal Code  |              |              |                               | Bu:  | Business Telephone Number                          |                             |  |
| B:<br>Receiving<br>Institution<br>Information                | Receiving Institution Name         B2B Bank Financial<br>Services Inc. (CIRO)         B2B Bank Intermediary<br>Services Inc. (AMF)         B2B Bank Securities<br>Services Inc. (CIRO)   |   |               |   |              |              |                               | Contact Name CLIENT SERVICES                             |  |                             |  |
|  | Address 199 BAY STREET, SUITE 610 PO BOX 35 STN COMMERCE COURT   |   |               |   |              |              |                               |  | Telephone Number<br>( <b>416</b> ) <b>964-0028</b> |                             |  |
|  | City Province Postal Code  |   |               |   |              |              |                               | í a  | Fax Number<br>( <b>416</b> ) <b>979-0638</b>       |                             |  |
|  | Group Plan Number  | (if applicable)   | Client        | Account/Policy N  | ON<br>umber  | IV           |                               | , ( ,  | 410 / 979-0030                                     |                             |  |
| For use by<br>Dealers only<br>Locked-In<br>Confirmation      | Dealer Name  |   | Dealer Number |   |              |              | FOR BBS                       | BBS DELIVERIES ONLY USE FINS #T080 Dealer Account Number |  |                             |  |
|  | Advisor Name   |   | Advisor #     |   |              |              | unhar I Duainaga Fay Number   |  |  |                             |  |
|  | Advisor Name   |   | Auvis         |   |              |              | usiness Telephone Number<br>) |  |  | Business Fax Number<br>(  ) |  |
|  | Registered Type:   |   |               |   |              |              |                               |  |  |                             |  |
|  | RSP     Spousal RSP  | □LRSP □RIF  | usal RI       | □ LRIF<br>F □ PRIF  |              |              | EIF<br>FSA                    |  |  |                             |  |
|  | Spousal RSP RLSP Spousal RIF PRIF LIF TFSA<br>B2B Bank Financial Services Inc., B2B Bank Securities Services Inc., or B2B Bank Intermediary Services Inc., as agent for B2B Trustco,<br>agrees to administer all locked-in funds transferred under this transfer authorization in accordance with the governing pension legislation<br>indicated in Section E below. Any subsequent transfer of these locked-in funds to another trustee or financial institution will be made only<br>to another registered plan, which will continue to be administered in accordance with the requirements indicated below. No transfer of<br>locked-in funds will be permitted unless the receiving plan is appropriately registered and in compliance with the applicable pension<br>legislation, regulations and the <i>Income Tax Act</i> (Canada) and appears on the Superintendent's list of Financial Institutions authorized to<br>Authorized B2B Trustco |   |               |   |              |              |                               |  |  |                             |  |
|  | legislation, regulations and t<br>administer funds in the jurise   |   |               | pears on the Superinte  | ndent's list | of Financial | Institutions                  | authorized to  |  | ng Officer/Agent            |  |
| C:<br>Client<br>Direction to<br>Relinquishing<br>Institution | Relinquishing Institution Name   |   |               |   |              |              | Gro                           | Group Plan Number (if applicable)                        |  |                             |  |
|  | Address  |   |               |   |              |              | Clie                          | Client Account/Policy Number                             |  |                             |  |
|  | City   |   |               |   |              |              |                               | Province   |  | Postal Code                 |  |
|  | In Kind       In C         Shares/Units       Doll  | lars lars lars lars lars lars lars lars                       | nount         | Symbol and/or   | Certific     | ate Numb     | er or Po                      | licy Numb  | er Invest  | ment Description            |  |
| D:<br>Client<br>Authorization                                | I hereby request the transfer of my account and its investments as described above.<br>*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 C<br>Signature of Account Holder  |   |               | Date (mm/dd/yyyy) Signature of Irrevocable Ben<br>(if applicable) |              |              | e Beneficiar                  | eficiary/Former Spouse Date (mm/dd/yyyy)                 |  |                             |  |
|  | (For locked in r   | plans) Spouse: Loonsen  | t to the t    | ransfer of the acco   |              | gnature of S | Spouse (if                    | applicable)  |  | Date (mm/dd/yyyy)           |  |
| E:<br>For Use By<br>Relinquishing<br>Institution Only        | (For locked-in plans) Spouse: I consent to the transfer of the account.  |   |               |   |              |              |                               |  |  |                             |  |
|  | Locked-In: No Yes If yes, locked-in confirmation attached Locked-in funds: \$ Governing legislation  |   |               |   |              |              |                               |  |  |                             |  |
|  | <ul> <li>The default is "unisex;" if sex-distinct, check here  For plans governed by Manitoba PBA, if Death Benefit waiver attached, check here </li> <li>If spouse waiver/consent form attached, check here </li> <li>For LIF governed by Manitoba PBA: Is the transferor aware of a one-time transfer under section 21.4 of the Manitoba PBA: Yes </li> </ul>  |   |               |   |              |              |                               |  |  |                             |  |
| For LIF governed by AB                                       |  | Plan value on January 1: \$ Transfers out in current year: \$ |               |   |              |              |                               |  |  |                             |  |
| and LRIF governed by N                                       | Current year's investment earnings: \$   |   |               |   |              |              |                               |  |  | -                           |  |
|  | Origin   | al (creation) date of plan (                                  | LRIF onl      | y):<br>Date (mm/dd/yyy  | у)           |              |                               |  |  |                             |  |
|  | Contact Name Telephone Number  |   |               |   |              |              |                               |  | Fax Number<br>( )                                  |                             |  |
|  | Authorized Signature   | Authorized Signature  |               |   |              |              |                               |  | Date (mm/dd/yyyy)                                  |                             |  |
|  |  |   |               |   |              |              | _                             |  |  |                             |  |

## FORWARD TO B2B BANK DEALER SERVICES FOR PROCESSING

B2B Bank Dealer Services includes B2B Bank Financial Services Inc., B2B Bank Securities Services Inc., and B2B Bank Intermediary Services Inc. B2B Bank Financial Services Inc. and B2B Bank Securities Services Inc. are members of the Canadian Investment Regulatory Organization (CIRO) and members of the Canadian Investor Protection Fund (CIPF). B2B Bank Intermediary Services Inc. is operating in Quebec and regulated by the Autorité des marchés financiers (AMF). B2B Bank is a trademark used under license. 100-06-243E (12/31/2024)