



# Transfer Authorization for Registered Investments

(RRSP, LIRA, LRSP, RRIF, LRIF, LIF, RLIF, RLSP, PRIF, TFSA)

- This form is for use only with B2B Bank Securities Services Inc. accounts.
- This form can be used for transferring the registered plans listed above except (1) RRIF to RRSP transfers, (2) RRIF or RRSP to TFSA transfers, (3) TFSA to RRIF or RRSP 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 <b>B2B BANK SECURITIES SERVICES INC.</b>			Contact Name <b>CLIENT SERVICES</b>
	Address <b>199 BAY STREET, SUITE 610 PO BOX 35 STN COMMERCE COURT</b>			Telephone Number ( <b>416</b> ) <b>964-0028</b>
	City <b>TORONTO</b>	Province <b>ONTARIO</b>	Postal Code <b>M5L 0A3</b>	Fax Number ( <b>416</b> ) <b>979-0638</b>
	Group Plan Number (if applicable)	Client Account/Policy Number <b>FOR BBS DELIVERIES ONLY USE FINS #T080</b>		

For use by Mutual Fund Brokers/Dealers only	Dealer Name		Dealer Number	Dealer Account Number
	Agent Name	Agent Number	Business Telephone Number (     )	Business Fax Number (     )

Registered Type:

- ☐ RRSP
- ☐ LRSP
- ☐ RRIF
- ☐ LRIF
- ☐ LIRA
- ☐ RLIF
- ☐ Spousal RRSP
- ☐ RLSP
- ☐ Spousal RRIF
- ☐ PRIF
- ☐ LIF
- ☐ TFSA

Locked-In  
Confirmation

B2B Bank Securities 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

**Transfer:** (check one box only for asset transfer instructions and an additional box if asset list is attached)

- ☐ All in kind (as is)
- ☐ Cash balance only as at date of transfer by Relinquishing Institution
- ☐ Partial\*; see list below or check here
- ☐ if list attached
- ☐ All in cash\*
- ☐ All assets\*, but mixed in cash and in kind; see list below or check here
- ☐ if list attached

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

	Investment Amount	Symbol and/or Certificate Number or Policy Number	Investment Description
<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><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>			

D: Client Authorization	I hereby request the transfer of my account and its investments as described above.			
	<b>*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.</b>			
	Signature of Account Holder	Date (DD/MM/YY)	Signature of Irrevocable Beneficiary/Former Spouse (if applicable)	Date (DD/MM/YY)
			Signature of Spouse (if applicable)	Date (DD/MM/YY)

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

E: For Use By Relinquishing Institution Only	<b>Registered Type:</b>	<input type="checkbox"/> RRSP	<input type="checkbox"/> LIRA	<input type="checkbox"/> LRSP	<input type="checkbox"/> RRIF	<input type="checkbox"/> Qualified	<input type="checkbox"/> Non-qualified			
		<input type="checkbox"/> PRIF	<input type="checkbox"/> RLIF	<input type="checkbox"/> RLSP	<input type="checkbox"/> TFSA	<input type="checkbox"/> LRIF	<input type="checkbox"/> LIF	<input type="checkbox"/> Federal LIF	<input type="checkbox"/> Old LIF	<input type="checkbox"/> New LIF
	<b>Spousal Plan:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes:	Last Name		First Name	Initial	Social Insurance Number		
	<b>Locked-In:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, locked-in confirmation attached	<input type="checkbox"/> 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 and LRIF governed by NL and ON:	Plan value on January 1: \$	Transfers out in current year: \$
	Transfers in current year: \$	Income payments in current year: \$
	Current year's investment earnings: \$	
	Original (creation) date of plan (LRIF only): Date (DD/MM/YY)	

Contact Name	Telephone Number (     )	Fax Number (     )
Authorized Signature		Date (DD/MM/YY)

ORIGINAL TO RELINQUISHING INSTITUTION