



Transfer Authorization for Non-Registered Investments

- This form can be used to transfer non-registered accounts from external financial institutions.
- 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)
Joint Account Holder Last Name (if applicable)		First Name	Initial(s)
Address			
City		Province	Postal Code
Social Insurance Number	Residence Telephone ()	Business Telephone ()	

B: Receiving Institution Information

Receiving Institution Name	<input type="checkbox"/> B2B Bank Financial Services Inc. (MFDA)	<input type="checkbox"/> B2B Bank Intermediary Services Inc. (AMF)	<input type="checkbox"/> B2B Bank Securities Services Inc. (IIROC)	Contact Name CLIENT SERVICES
Address 199 BAY STREET, SUITE 610 PO BOX 35 STN COMMERCE COURT			Telephone Number (416) 964-0028	
City TORONTO	Province ON	Postal Code M5L 0A3	Fax Number (416) 979-0638	
Client Account/Policy Number			For BBS deliveries of CAD securities use CUID LAUR and for USD securities use DTC 5001	

For use by Dealers only	Dealer Name	Dealer Number	Dealer Account Number
	Advisor Name	Advisor #	Business Telephone Number ()
		Business Fax Number ()	

Account Type (Check one only)

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> In Trust For | <input type="checkbox"/> Unincorporated Organization |
| <input type="checkbox"/> Joint Rights of Survivorship | <input type="checkbox"/> Estate | <input type="checkbox"/> Formal Trust |
| <input type="checkbox"/> Tenants In Common (TIC) | <input type="checkbox"/> Corporation | <input type="checkbox"/> Other (e.g. RSP) _____ |

C: Client Direction to Relinquishing Institution

Relinquishing Institution Name	
Address	Client Account/Policy Number
City	Province
	Postal Code

Transfer: (check one box only for asset transfer instructions)

- All in kind (as is) All in cash* All assets*, but mixed in cash and in kind; see list below or attached list Partial*; see list below or attached list

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

	Investment Amount	Symbol and/or Certificate Number or Policy Number	Investment Description
<input type="checkbox"/> In Kind <input type="checkbox"/> In Cash <input type="checkbox"/> Shares/Units <input type="checkbox"/> Dollars			
<input type="checkbox"/> In Kind <input type="checkbox"/> In Cash <input type="checkbox"/> Shares/Units <input type="checkbox"/> Dollars			
<input type="checkbox"/> In Kind <input type="checkbox"/> In Cash <input type="checkbox"/> Shares/Units <input type="checkbox"/> Dollars			
<input type="checkbox"/> In Kind <input type="checkbox"/> In Cash <input type="checkbox"/> Shares/Units <input type="checkbox"/> Dollars			

D: 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.**

X	_____	_____	X	_____	_____
AUTHORIZED CLIENT SIGNATURE (MANDATORY)	DATE (mm/dd/yyyy)	AUTHORIZED CLIENT SIGNATURE (MANDATORY)	DATE (mm/dd/yyyy)		
ADVISOR NAME	ADVISOR #	X	ADVISOR SIGNATURE	DATE (mm/dd/yyyy)	
DEALER NAME	DEALER #	X	DEALER SIGNATURE	DATE (mm/dd/yyyy)	

FORWARD TO B2B BANK DEALER SERVICES FOR PROCESSING

B2B Bank Dealer Services includes B2B Bank Financial Services Inc. (an MFDA member), B2B Bank Securities Services Inc. (an IIROC member, Member - Canadian Investor Protection Fund) and B2B Bank Intermediary Services Inc. (an AMF-regulated dealer operating in Quebec). B2B Bank is a trademark used under license.