

# 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. (CIRO) <input type="checkbox"/> B2B Bank Intermediary Services Inc. (AMF) <input type="checkbox"/> B2B Bank Securities Services Inc. (CIRO)	Contact Name <b>CLIENT SERVICES</b>
Address <b>199 BAY STREET, SUITE 610 PO BOX 35 STN COMMERCE COURT</b>		Telephone Number <b>( 416 ) 964-0028</b>
City <b>TORONTO</b>	Province <b>ON</b>	Postal Code <b>M5L 0A3</b>
Client Account/Policy Number		Fax Number <b>( 416 ) 979-0638</b>
<b>FOR BBS DELIVERIES ONLY USE FINS #T080</b>		

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.**

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

**FORWARD TO B2B BANK DEALER SERVICES FOR PROCESSING**