



A division of B2B Bank Securities Services Inc.

This form cannot be used to transfer:

- From a RIF, LIF or LRIF to an RSP. (Use Revenue Canada Form T2030)
- Between registered accounts with different trustees. (Use T2033 or TARI Form)
- Between accounts due to marriage breakdown or death.

Internal Transfer Form

For BBS deliveries of CAD securities use CUID

LAUR and for USD securities use DTC 5001

Fax Completed Form To 416.413.0733

- This form is to be used for "In-Kind" or Cash transfers between accounts held at B2B Bank Discount Brokerage with B2B Bank Financial Services Inc., B2B Bank Securities Services Inc., B2B Bank Intermediary Services Inc. and B2B Bank.
- Data entered on this form may be scanned and stored electronically.
- Please print neatly to ensure completeness, accuracy and machine-readability.

A: Client Identification

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: Transfer From (Check one only):

- B2B Bank Financial Services Inc. (MFDA)
 B2B Bank Intermediary Services Inc. (AMF)
 B2B Bank Securities Services Inc. (IIROC)
 B2B Bank Discount Brokerage
 B2B Bank _____ Account Number

Account Type (Check one only):

- SPOUSAL RSP GROUP RSP RSP SPOUSAL RIF SPOUSAL GROUP RSP RLSP RLIF
 TFSA GROUP TFSA LOCKED-IN RSP/LIRA LIF RIF LRIF PRIF
 INVESTMENT (Check one of the following):
 INDIVIDUAL JOINT RIGHTS OF SURVIVORSHIP CORPORATE IN TRUST FOR
 ESTATE TENANTS IN COMMON (TIC) UNINCORPORATED ORGANIZATION FORMAL TRUST

C: Transfer To (Check one only):

- B2B Bank Financial Services Inc. (MFDA)
 B2B Bank Intermediary Services Inc. (AMF)
 B2B Bank Securities Services Inc. (IIROC)
 B2B Bank Discount Brokerage
 B2B Bank _____ Account Number

Account Type (Check one only):

- SPOUSAL RSP GROUP RSP RSP SPOUSAL RIF SPOUSAL GROUP RSP RLSP RLIF
 TFSA GROUP TFSA LOCKED-IN RSP/LIRA LIF RIF LRIF PRIF
 INVESTMENT (Check one of the following):
 INDIVIDUAL JOINT RIGHTS OF SURVIVORSHIP CORPORATE IN TRUST FOR
 ESTATE TENANTS IN COMMON (TIC) UNINCORPORATED ORGANIZATION FORMAL TRUST

D: Assets Transferred

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

- All in kind (as is) Partial*; see list below or attached list All in cash* All assets*, but mixed in cash and in kind; see list below or attached list
 Check box if minimum payout amount should be made for transfers of income funds

*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			

E: Authorization

I hereby request and authorize the transfer of my account and/or 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)
	_____	_____	X	_____	_____
	ADVISOR NAME	ADVISOR #		ADVISOR SIGNATURE	DATE (mm/dd/yyyy)
	_____	_____	X	_____	_____
	DEALER NAME	DEALER #		DEALER SIGNATURE	DATE (mm/dd/yyyy)