



- 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 division of B2B Bank
Securities Services Inc.

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 Discount Brokerage, A division of B2B Bank Securities Services Inc.	Contact Name TRADING DESK
Address 199 BAY STREET, SUITE 610 PO BOX 35 STN COMMERCE COURT	
City TORONTO	Province ON
Postal Code M5L 0A3	Telephone Number (416) 413-7201
Client Account/Policy Number	Fax Number (416) 413-0733
FOR BBS DELIVERIES ONLY USE FINS #T080	

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 _____ AUTHORIZED CLIENT SIGNATURE (MANDATORY)	_____ DATE (mm/dd/yyyy)	X _____ 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 DISCOUNT BROKERAGE FOR PROCESSING