

Transfer Authorization for Registered Investments

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

This form can be used for transferring the registered plans listed above except (1) RIF to RSP transfers, (2) RIF or RSP to TFSA transfers, (3) TFSA to RIF or RSP 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 division of B2B Bank Securities Services Inc.

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 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						Telephone Number (416) 413-7201				
	City TORONTO			Province Postal Code ON M5L 0A3				Fax Number (416) 413-0733			
	Group Plan Number (if applicable)			t Account/Policy Number							
For use by Dealers only	Dealer Name			Dealer Number				BBS DELIVERIES ONLY USE FINS #T080 Dealer Account Number			
	Advisor Name		Ad	Advisor # Business Telephone Nu			hone Nun	mber Business Fax Number			
Locked-In Confirmation	Registered Type: RSP								fa Vachon		
	accordance with the requirer appropriately registered and in appears on the Superintender	ments indicated below. No n compliance with the appli	transfe icable p	er of locked-in funds pension legislation, re	will be perm gulations and	itted unless the the Income Tax	receiving Act (Canad	olan is (a) and —		zed B2B Trustco g Officer/Agent	
C: Client Direction to Relinquishing Institution	Relinquishing Institution Name							Group Plan Number (if applicable)			
	Address						Client Account/Policy Number				
	City						Prov	nce		Postal Code	
	Please refer to statement in bold in Client. Investment Amour In Kind In Cash Shares/Units Dollars			I list ☐ All in cash ☐ All assets*, but mixed in cash and in lathorization section below. Symbol and/or Certificate Number or Policy Number of Policy Number						nent Description	
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 A Signature of Account Holder			Date (mm/dd/yyyy) Signature of Irrevocable Bene (if applicable)			able Bene	eficiary/Former Spouse Date (mm/dd/yyyy)			
	(For locked-in plan	ns) Spouse: I consent to	the tra	ansfer of the accou		ture of Spouse	(if applica	ible)		Date (mm/dd/yyyy)	
E: For Use By Relinquishing Institution Only	Registered Type: RSP LIRA LRSP RIF: Qualified Non-qualified PRIF RLSP TFSA LRIF LIF: Federal LIF Old LIF New LIF Spousal Plan: No Yes If yes: Last Name First Name Initial Social Insurance Number										
	Locked-In: No Yes If yes, locked-in confirmation attached 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,			January 1: \$ Transfers out in current year: \$								
and LRIF governed by N		Transfers in current year: \$ Income payments in current year: \$									
	_	Current year's investment earnings: \$ Original (creation) date of plan (LRIF only): Date (mm/dd/yyyy)									
	Original (d	oreacion) date of plan (LRI	. only)	Date (mm/dd/yyyy	')						
	Contact Name			Telephone Number				Fax Number ()			
	Authorized Signature								Date (mm/dd/yyyy)		