



Transfer Authorization for Registered Investments

(RSP, LIRA, LRSP, RIF, 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: 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	<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	
	Group Plan Number (if applicable)	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 ()

Registered Type:

- RSP LRSP RIF LRIF LIRA RLIF
 Spousal RSP RLSP Spousal RIF PRIF LIF TFSA

**Locked-In
Confirmation**

B2B Bank Financial Services Inc., B2B Bank Securities Services Inc., or B2B Bank Intermediary Services Inc., as agent for B2B Trustco, agrees to administer all locked-in funds transferred under this transfer authorization in accordance with the governing pension legislation indicated in Section E below. Any subsequent transfer of these locked-in funds to another trustee or financial institution will be made only to another registered plan, which will continue to be administered in accordance with the requirements indicated below. No transfer of locked-in funds will be permitted unless the receiving plan is appropriately registered and in compliance with the applicable pension legislation, regulations and the *Income Tax Act* (Canada) and appears on the Superintendent's list of Financial Institutions authorized to administer funds in the jurisdiction noted above (if applicable).


 Authorized B2B Trustco
 Signing Officer/Agent

C: Client Direction to Relinquishing Institution	Relinquishing Institution Name	Group Plan Number (if applicable)
	Address	Client Account/Policy Number
	City	Province Postal Code

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

***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.**

Signature of Account Holder	Date (mm/dd/yyyy)	Signature of Irrevocable Beneficiary/Former Spouse (if applicable)	Date (mm/dd/yyyy)
		Signature of Spouse (if applicable)	Date (mm/dd/yyyy)

(For locked-in plans) Spouse: I consent to the transfer of the account.

**E:
For Use By
Relinquishing
Institution Only**

Registered Type: RSP LIRA LRSP RIF: Qualified Non-qualified
 PRIF RLIF 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, ON and MB Plan value on January 1: \$ _____ Transfers out in current year: \$ _____
 and LRIF governed by NL and ON: 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)

Contact Name	Telephone Number ()	Fax Number ()
Authorized Signature	Date (mm/dd/yyyy)	

FORWARD TO B2B BANK DEALER SERVICES FOR PROCESSING