

## **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 Iden	tification														
Account/Policy Holder Last Name							First Name							Initial(s)	
Joint Account Holder Last Name (if applicable)						First Name							Initial(s)		
Address						'							1		
City							Province						Postal Code		
Social Insurance Number Resid				dence Telephone					Busi	Business Telephone ( )					
B: Receiving I	nstitution	Information													
Receiving Institution		B Bank Interm		B2B Bank Securities Services Inc. (IIROC)			t Name	•							
Address 199 BAY STREET, SUITE 610 PO BOX 35 STN CO				MMERCE COURT						Telephone Number ( 416 ) 964-0028					
City TORONTO				Provinc ON			Postal Cod M5L 0A				8				
Client Account/Polic		'			'			FOR BBS DELIVERIES ONLY USE FINS #T080							
For use by	Dealer Name	Dealer Name				Dealer N			mber			Dealer Account Number			
Dealers only	Advisor Name			Advisor #				Telepho	one Number E		Business Fax Number				
A T	(0)						( )				( )				
Account Typ Individual Joint Rights of Tenants In Co	f Survivorship	<b>e only)</b> ☐ In Tr ☐ Esta ☐ Corp	ate			☐ Fo	incorpora rmal Trus her (e.g. F		ation						
		elinquishing Inst	titution												
Relinquishing Institu	tion Name														
Address							Client Account/Policy Number								
City							Provinc			Post		al Code			
Transfer: (chec	k one box o	only for asset transfe	er instruction	ons)				'			'				
		h* ☐ All assets*, but m n bold in Client Auth				t below or a	attached	list 🗌 Par	tial*; se	ee list below or at	tached list				
Investment Amount							ificate Number or Policy			Number Investme		ent Description			
☐ In Kind ☐ Shares/Unit	In Cash														
☐ In Kind ☐ Shares/Unit	In Cash														
☐ In Kind ☐ Shares/Unit	In Cash														
☐ In Kind ☐ Shares/Unit	In Cash														
D: Client Auth	orization	I hereby request the tran	nefer of my ac	ecount and ite	nveetm	ente ae dec	cribed ab	0)/0						1	
*WHERE I HA	VE REQUES	TED A TRANSFER IN EES, CHARGES OR	I CASH, I A	UTHORIZE					PART	OF MY INVEST	MENTS A	ND AGR	REE TO		
v						v									
X AUTHORIZED CLIENT SIGNATURE (MANDATORY)				TE (mm/dd	X AUTH	IORIZED	CLIENT SIG	SNATUR	ATURE (MANDATORY)			DATE (mm/dd/yyyy)			
						Х									
ADVISOR NAME				ADVISOR #			ADVISOR SIGNATURE						DATE (mm/dd/yyyy)		
						X						_			
DEALER NAME	DE/	ALER#		DEAL	DEALER SIGNATURE					DATE (mm/dd/yyyy)					

FORWARD TO B2B BANK DEALER SERVICES FOR PROCESSING