



Transfer Authorization for Registered Investments (RRSP, LIRA, LRSP, RRIF)

This form can be used for RRSP to RRSP transfers (except for transfers due to death), RRSP to RRIF transfers, and RRIF to RRIF transfers.

Please note: The data entered on this form may be scanned and stored electronically. Please print neatly in the spaces provided to ensure completeness, accuracy and machine readability.

A: Client Identification
Account/Policy Holder Last Name, First Name, Initial(s), Address, City, Province, Postal Code, Social Insurance Number, Home Telephone Number, Business Telephone Number

B: Receiving Institution Information
Receiving Institution Name: B2B BANK, Contact Name: DEPOSIT OPERATIONS, Address: 199 BAY STREET, SUITE 600 PO BOX 279 STN COMMERCE COURT, City: TORONTO, Province: ONTARIO, Postal Code: M5L 0A2, Telephone Number: 1.800.263.8349

For use by Mutual Fund Brokers/Dealers only

Dealer Name, Dealer Number, Agent Name, Agent Number, Business Telephone Number, Business Fax Number, Dealer Plan Number, Client Account/Policy Number

- Registered Type: RRSP, RRIF, Spousal RRSP, Spousal RRIF, LRSP, LIRA

Investment Instructions table with columns: Investment Name, Amount (\$)

C: Client Direction to Relinquishing Institution
Relinquishing Institution Name, Client Account/Policy Number, Address, City, Province, Postal Code

Transfer: (check one box only) All in cash*, Partial*, as listed below or attached list

*Please refer to statement in bold in Client authorization section below.

In cash

Investment Amount, Certificate Number or Policy Number, Investment Description, DDMMYYYY

In cash

Investment Amount, Certificate Number or Policy Number, Investment Description, DDMMYYYY

FOR USE BY RELINQUISHING INSTITUTION Delay Delivery Until

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, Irrevocable Beneficiary: I consent to the transfer of the account. Signature of Irrevocable Beneficiary (if applicable), Date

E: For Use by Relinquishing Institution Only
Registered Type: RRSP, LIRA, LRSP, RRIF: Qualified, Non-Qualified, Spousal Plan: No, Yes, if yes, Last Name, First Name, Initial(s), Social Insurance Number, Locked-In: No, Yes, if yes locked-in confirmation attached, Locked-In Funds \$, Governing Legislation, Contact Name, Telephone, Fax Number, Authorized Signature, Date (DD-MM-YYYY)