



Transfer Authorization for Non-Registered Investments

- This form can be used to transfer non-registered accounts with 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 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			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	
	Client Account/Policy Number			FOR BBS DELIVERIES ONLY USE FINS #T080	
For use by Dealers only	Dealer Name		Dealer Number		Dealer Account Number
	Financial Advisor Name	Financial Advisor #	Business Telephone Number ()		Business Fax Number ()

Account Type (Check one only)

- | | |
|-------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Estate |
| <input type="checkbox"/> Joint Rights of Survivorship | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Tenants In Common (TIC) | <input type="checkbox"/> Unincorporated Organization |
| <input type="checkbox"/> In Trust For | <input type="checkbox"/> Formal Trust |

☒ These assets are collateral for a B2B Bank investment loan

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)			
<input checked="" type="checkbox"/> All in kind (as is) <input type="checkbox"/> All in cash* <input type="checkbox"/> All assets*, but mixed in cash and in kind; see list below or attached list <input type="checkbox"/> Partial*; see list below or attached list			
<i>*Please refer to statement in bold in Client Authorization section below.</i>			
	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	X
_____ AUTHORIZED CLIENT SIGNATURE (MANDATORY)	_____ AUTHORIZED CLIENT SIGNATURE (MANDATORY)
_____ DEALER NAME	_____ FINANCIAL ADVISOR NAME
_____ DEALER #	_____ ADVISOR #
	Y Y Y Y M M D D

FORWARD TO B2B BANK FOR PROCESSING