Transfer Authorization for Registered Investments (RSP, LIRA, LRSP, RIF, LRIF, LIF)

This form can be used for RSP to RSP transfers (except for transfers due to death) RSP to RIF transfers, RRIF to RRIF and LIF to LIF transfers

❑ Standard Life ❑ Standard Life Trust ❑ Performa

A: CLIENT IDENTIFICATION

Account/Policy Holder Last Name | First Name | Init.

Address

City | Prov. | Postal Code

Social Insurance Number | Home Telephone Number | Business Telephone Number

B: RECEIVING INSTITUTION INFORMATION

Receiving Institution Name | Contact Name

Address

City | Prov. | Postal Code

Telephone Number | Fax Number | Group Plan Number (if applicable)

Client Account/Policy Number

For use by Mutual Fund Brokers/ Dealers only

Dealer Name | Dealer Number

Representative Name | Rep. Number

Business Telephone Number | Business Fax Number | Dealer Account Number

Registered Type:

☐ RRSP ☐ RRIF
☐ Spousal RRSP ☐ Spousal RRIF
☐ LIRA ☐ LRIF
☐ LRSP ☐ LIF

INVESTMENT INSTRUCTIONS:

INVESTMENT NAME	FUND NUMBER	%/$ AMOUNT
		$
		$
		$
		$

C: CLIENT DIRECTION TO RELINQUISHING INSTITUTION

Relinquishing Institution Name

Address

City | Prov. | Postal Code

Group Plan Number (if applicable) | Client Account/Policy Number

Transfer:(check one box only)

☐ All in cash* ☐ All as is (in kind) ☐ All assets*, but mixed in Cash and as is (in Kind), see list below or attached list ☐ Partial* - as listed below or on attached list

Please refer to statement in bold in Client Authorization section below.

In Kind ☐	In Cash ☐	Investment Amount	Fund Number
Shares/Unit ☐	Dollars ☐	Investment Description	
In Kind ☐	In Cash ☐	Investment Amount	Fund Number
Shares/Unit ☐	Dollars ☐	Investment Description	
In Kind ☐	In Cash ☐	Investment Amount	Fund Number
Shares/Unit ☐	Dollars ☐	Investment Description	

FOR USE BY RELINQUISHING INSTITUTION

Delay Delivery Until DD/MM/YY

Delay Delivery Until DD/MM/YY

Delay Delivery Until DD/MM/YY

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 ☐ LRIF ☐ LIF

Spousal Plan: ☐ NO ☐ YES - if yes, Last Name

First Name | Init. | Social Insurance Number

Locked In ☐ No ☐ Yes- | Locked In confirmation attached | Locked-In Funds $ | Governing Legislation

Contact Name | Telephone Number | Fax Number

Authorized Signature | Date (DD/MM/YY)