



# B2B TRUST

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

This form can be used for RSP to RSP transfers (except for transfers due to death), RSP to RIF transfers, and RIF to RIF 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: \_\_\_\_\_ Init: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_ Business Telephone Number: \_\_\_\_\_

**B Receiving Institution Information**

Receiving Institution Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_ SD-RRSP

Address: **B 2 B TRUST**

City: **1 3 0 ADELAIDE WEST SUITE 4 0 4** Prov: **O N M 5 H** - **3 P 5**

Telephone Number: \_\_\_\_\_

Client Account/Policy Number: **8 0 0 2 6 3 - 8 3 4 9**

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: \_\_\_\_\_

Registered Type

RRSP  RRIF  Spousal RRIF  LIRA  LRSP  LIF

**Investment Instructions:**

Investment Name	Symbol	% / \$ 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.

Investment Amount	Symbol and/or Certificate Number or Policy Number	FOR USE BY RELINQUISHING INSTITUTION
Investment Description		Delay Delivery Unit
Investment Amount		D D M Y Y Y Y
Investment Description		Delay Delivery Unit
Investment Amount		D D M Y Y Y Y
Investment Description		Delay Delivery Unit
Investment Amount		D D M Y Y Y Y

**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: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Irrevocable Beneficiary (if applicable): \_\_\_\_\_

**E For Use By Relinquishing Institution Only**

Registered Type:  RRSP  LIRA  LRSP  RRIF  Qualified  Non Qualified  LRRIF  LIF

Spousal Plan:  No  Yes If yes: \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Locked-In:  No  Yes - Locked-in confirmation attached  \$ \_\_\_\_\_

Governing Legislation: \_\_\_\_\_

Initial: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date (DD-MM-YYYY): \_\_\_\_\_