



Transfer Authorization for Registered Investments (IPP, GRP, RSP, GRP RRIF/RSP & EBP)

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 Information

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 | INTERMEDIARY CODE CWTC

Dealer Name | Dealer Number

Agent Name | Agent Number

Home Telephone Number | Business Telephone Number | Group Plan Number (if applicable)

For use by Mutual Fund Broker/Dealers Only

Registered Type

- IPP GROUP RRSP SPOUSAL GROUP RRSP E.B.P.
- GROUP RRIF SPOUSAL GROUP RRIF

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	Investments Amount	Symbol and/or Certificate Number or Policy Number
<input type="checkbox"/>	<input type="checkbox"/>		
Shares/Unit	Dollars	Investment Description	
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

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's Authorization

I hereby request the transfer of my account and its investments described above.

"WHERE I HAVE REQUESTED A TRANSFER IN CASH, I WILL ARRANGE THE LIQUIDATION OF ALL OR PART OF MY INVESTMENTS AND AGREE TO PAY ALL 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)

NOT NEGOTIABLE

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 (check in attached) | Locked in Funds \$ | Governing Location

Contact Name | Telephone Number | Fax Number

Authorized Signature | Date

DD MM YY