

- i** This form can be used for transferring the registered plans listed above **except** (1) RRIF to RRSP transfers, (2) RRIF or RRSP to TFSA transfers, (3) TFSA to RRIF or RRSP transfers, (4) transfers due to death and (5) transfers due to marital breakdowns.
- Data entered on this form may be scanned and stored electronically. Please print neatly to ensure completeness, accuracy and machine-readability.

Section A

Client Identification

Account/Policy Holder Last Name	First Name	Initial(s)	Social Insurance Number (SIN)
Address			Home Telephone Number
City	Province	Postal Code	Business Telephone Number

Section B

Receiving Institution Information

Receiving Institution Name			Telephone Number
Contact Name			Fax Number
Address			Group Plan Number (if applicable)
City	Province	Postal Code	Client Account/Policy Number

Insert clearing and settlement information (E.g., CDS CUID, DTCC Participant #)

For use by CDS Participants only

Firm Information	Subsidiary Information	Affiliate Information	Other

For use by Mutual Fund Brokers/Dealers only

Dealer Name	Dealer Number	Dealer Account Number
Agent Name	Agent Number	Business Telephone Number
		Business Fax Number

Registered Type:

- RRSP RRIF LIRA
 Spousal RRSP Spousal RRIF LIF
 LRSP LRIF RLIF
 RLSP PRIF TFSA

Investment Instructions

Investment Name	Symbol	%/ \$ Amount

Locked-In Confirmation

_____, as agents for _____, acknowledge that all locked-in funds from the registered plan noted in the Client Direction to the Relinquishing Institution section below will be transferred to the registered plan type noted and will continue to be administered in accordance with the governing pension legislation or contractual conditional of _____ (Province or Territory; if applicable, old new). Any subsequent transfer of these locked-in funds to another trustee or financial institution will be made only to another registered plan, which must continue to be administered in accordance with legislation of the jurisdiction noted above. No transfer of locked-in funds will be permitted unless the receiving plan is appropriately registered and in compliance with the applicable pension legislation, regulations and the Income Tax Act (Canada) and appears on the Superintendent's List of Financial Institutions authorized to administer funds in the jurisdiction noted above (if applicable).

X _____ Name _____ Date (DD-MM-YYYY) _____
Authorized Signature

Section C

Client Direction to Relinquishing Institution

Relinquishing Institution Name		Group Plan Number (if applicable)
Address		Client Account/Policy Number
City	Province	Postal Code

Transfer: (check one box only for asset transfer instructions and an additional box if asset list is attached)

- All in kind (as is)
 Cash balance only as at date of transfer by Relinquishing Institution
 Partial*; see list below or check here if list attached
 All in cash*
 All assets*, but mixed in cash and in kind; see list below or check here if list attached

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

	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			

Section 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 _____
Signature of Account Holder Date (DD-MM-YYYY)

X _____
Signature of Irrevocable Beneficiary/Former Spouse (if applicable) Date (DD-MM-YYYY)

(For locked-in plans) Spouse: I consent to the transfer of the account.

X _____
Signature of Spouse (if applicable) Date (DD-MM-YYYY)

Section E

For Use By
Relinquishing
Institution Only

Registered Type:
 RRSP
 LIRA
 LRSP
 RRIF:
 Qualified
 Non-qualified
 PRIF
 RLIF
 RLSP
 TFSA
 LRIF
 LIF:
 Federal LIF
 Old LIF
 New LIF

Spousal Plan:

No Yes If yes:

Last Name _____
First Name _____
Initial _____
Social Insurance Number (SIN)

- The default is "unisex;" if sex-distinct, check here
- Current year's investment earnings to date: \$ _____
- If spouse waiver/consent form attached, check here

Locked-In:

No Yes If yes, locked-in confirmation attached _____ Locked-in funds: \$ _____

Governing legislation _____

Contact Name _____
Telephone Number _____
Fax Number

X _____
Authorized Signature Date (DD-MM-YYYY)

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