

This form can be used for transfers between RSPs (except for transfers due to death), for RSP to RIF transfers and RIF to RIF transfers.

SECTION A

Client identification

Account holder's last name		First name	Initial
Address			
City		Province	Postal code
Social Insurance Number	Home phone	Business phone	
Non-registered accounts only <input type="checkbox"/> Tenants in common <input type="checkbox"/> Joint tenants with right of survivorship (not valid in Quebec) <input type="checkbox"/> In trust for			
Last name		First name	
Details of the non-registered account			

SECTION B

Receiving institution information

Investia Financial Services Inc.	6700 Pierre-Bertrand Blvd., Suite 300	418 684-5548
Quebec City, Quebec G2J 0B4		
Agent name	Agent code	Dealer's code
		7 5 9 9
Agent telephone number	Agent fax number	
Investia self-directed plan number		
Registration type: (check one box)		
<input type="checkbox"/> RRSP	<input type="checkbox"/> Spousal RRSP	<input type="checkbox"/> Locked-in RRSP
<input type="checkbox"/> RRIF _____ Eligible or _____ Not Eligible	<input type="checkbox"/> Spousal RRIF	<input type="checkbox"/> Group RRSP
<input type="checkbox"/> LIRA	<input type="checkbox"/> LIF _____ Eligible or _____ Not Eligible	<input type="checkbox"/> Non-registered accounts
		<input type="checkbox"/> TFSA
For a new account, please attach an Investia new account opening form.		

SECTION C

Client's instructions to relinquishing institution

Relinquishing institution name		
Address		
City		Province
		Postal code
Client account number	Group plan number (if applicable)	
Transfer: (check one box only)		
<input type="checkbox"/> All in cash*	<input type="checkbox"/> All in kind	<input type="checkbox"/> All mixed in cash* and in kind**
		<input type="checkbox"/> Partial**
*Please refer to statement in bold in Client authorization section below. **as listed below or on attached list.		
<input type="checkbox"/> In kind	<input type="checkbox"/> In cash*	Investment amount
		Certificate no. / Account no.
		Investment description
<input type="checkbox"/> In kind	<input type="checkbox"/> In cash*	Investment amount
		Certificate no. / Account no.
		Investment description

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 to the relinquishing institution.**

Subscriber's signature	Date	Co-subscriber's signature	Date
Irrevocable beneficiary: I consent to the transfer of the amount			
Signature of irrevocable beneficiary (if applicable)		Date	

SECTION E

For use by relinquishing institution only

Registration type:	<input type="checkbox"/> RRSP	<input type="checkbox"/> Spousal RRSP	<input type="checkbox"/> Locked-in RRSP	<input type="checkbox"/> Group RRSP	<input type="checkbox"/> TFSA
	<input type="checkbox"/> RRIF _____ Eligible or _____ Not Eligible	<input type="checkbox"/> Spousal RRIF	<input type="checkbox"/> Locked-in RRIF	<input type="checkbox"/> Non-registered	
	<input type="checkbox"/> LIRA	<input type="checkbox"/> LIF _____ Eligible or _____ Not Eligible			
Amount transferred:	Spousal plan: <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, provide spouse's Social Insurance Number.				
\$					
Spouse's last name	First name	Initial			
Locked-in funds <input type="checkbox"/> NO <input type="checkbox"/> YES	Locked-in funds \$	Governing legislation	Creation date		
For Federal legislation, check one box:			For Ontario legislation, check one box:		
<input type="checkbox"/> Plan signed before May 8, 2008	<input type="checkbox"/> Old Rules (Schedule 1)				
<input type="checkbox"/> Plan signed since May 8, 2008	<input type="checkbox"/> New Rules (Schedule 1.1 since January 1, 2008)				
<input type="checkbox"/> Plan signed since May 8, 2008 – 50% transfer completed	<input type="checkbox"/> New Rules (Schedule 1.1 since January 1, 2008) – 25% withdrawal completed				
Contact name	Phone	Fax			
Authorized signature	Date				