

Transfer Authorization for Registered Investments



(RSP, LIRA, LRSP, RIF, LRIF, LIF, RLIF, RLSP, PRIF, TFSA)

This form can be used for RSP to RSP transfers 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 _____ Initial _____

Address (Street, Apt., City, Province, Postal Code) _____

Social Insurance Number _____ Home Telephone Number _____

B. RECEIVING INSTITUTION INFORMATION

TRADEX MANAGEMENT INC. Client Account _____
 85 ALBERT ST, SUITE 1600
 OTTAWA, ONTARIO K1P6A4

Dealer Number **9408** Agent Number **0000** Dealer Name **TRADEX MANAGEMENT INC.** REP Name **BLAIR COOPER/BRIEN MARSHALL**

Dealer Account Number _____ Business Telephone Number **613-233-3394** Business Fax Number **613-233-8191**

REGISTERED TYPE:	INVESTMENT INSTRUCTIONS:	SYMBOL	Indicate Amount					
			(\$)	(%)				
<input type="checkbox"/> RRSP	<input type="checkbox"/> RRIF							
<input type="checkbox"/> Spousal RRSP	<input type="checkbox"/> Spousal RRIF							
<input type="checkbox"/> LIRA	<input type="checkbox"/> LRIF							
<input type="checkbox"/> LRSP	<input type="checkbox"/> LIF							
<input type="checkbox"/> RLIF	<input type="checkbox"/> RLSP							
<input type="checkbox"/> PRIF	<input type="checkbox"/> TFSA							

C. CLIENT DIRECTION TO RELINQUISHING INSTITUTION

Relinquishing Institution Name _____ Client Account/Policy Number _____ Group Plan Number (if applicable) _____

Address (Street, City, Province, Postal Code) _____

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	Investment Description
<input type="checkbox"/> In Kind <input type="checkbox"/> In Cash	_____	_____	_____
<input type="checkbox"/> In Kind <input type="checkbox"/> In Cash	_____	_____	_____

FOR USE BY
RELINQUISHING INSTITUTION
Delay Delivery Until

DD / MM / YYYY

Delay Delivery Until

DD / MM / YYYY

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 _____ Signature of Irrevocable Beneficiary (if applicable) _____ Date _____

DD / MM / YYYY

E. FOR USE BY RELINQUISHING INSTITUTION ONLY

Registered Type: RRSP LIRA LRSP RLSP RRIF: Qualified Non Qualified LRIF LIF TFSA RLIF Spousal Plan: No Yes - if yes, complete the following information

Last Name _____ First Name _____ Initial _____ Social Insurance Number _____

Locked In: No Yes (Attach Locked-In confirmation) Locked-In amount \$ _____ Total Amount _____ Governing Legislation _____

Contact Name _____ Telephone Number _____ Fax Number _____

Authorized Signature _____ Date _____

DD / MM / YYYY