

# 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.  
340 ALBERT ST, SUITE 1604  
OTTAWA, ONTARIO K1R 7Y6

Client Account \_\_\_\_\_ A\$M receiver code is 9408 - Tradex Management

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"/> 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  
D / M M / YYYY  
Delay Delivery Until  
D / M M / 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 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: \_\_\_\_\_ Locked In amount \_\_\_\_\_ Total Amount \_\_\_\_\_ Governing Legislation \_\_\_\_\_

No  Yes (Attach Locked-In confirmation) \$ \_\_\_\_\_

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

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

DD / MM / YYYY