

A. CLIENT IDENTIFICATION

First and last name of account/contract holder _____ Initials _____

Address _____

City _____ Province _____ Postal Code _____

Social Insurance No. _____ Telephone No. - home _____ Telephone No. - work _____

B. INFORMATION ON RECEIVING INSTITUTION

Corporate name of receiving institution _____ Group contract No. (if applicable) _____

Address _____

City _____ Province _____ Postal Code _____

Telephone No. _____ Client's account/contract No. _____

Type of registered plan ² TFSA RRSP RRIF
 FHSA Spousal RRSP Spousal RRIF
 LIRA (provincial) LIF (provincial)
 LRSP (federal) LIF (federal)
 RLSP (federal) RLIF (federal)
 LRIF (provincial)
 PRIF (provincial)

If provincial, indicate province

First and last name of contact person _____ Telephone No. _____ Transit No. _____

Investment Selection

Fund Name	Fund No.	Sales Charge (Front Load Purchases only)	Investment Amount (\$ or %)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. INFORMATION ON REPRESENTATIVE

First and last name of Representative _____ Initials _____ Telephone No. _____

E-mail _____ Representative No. _____

¹ This form is to be used for transfers: between TFSAs; between FHSAs; between RRSPs; between RRIFs; from an FHSA to an RRSP or a RRIF; from an RRSP to an FHSA or a RRIF and between locked-in plans, where such transfers are permitted.

² The acronyms used in this form have the following meanings: **TFSA** - Tax-Free Savings Account; **FHSA** - First Home Savings Account; **RRSP** - Registered Retirement Savings Account; **LIRA** - Locked-in Retirement Account; **LRSP** - Locked-in Retirement Savings Plan; **RLSP** - Restricted Locked-in Savings Plan; **RRIF** - Registered Retirement Income Fund; **LIF** - Life Income Fund; **RLIF** - Restricted Life Income Fund; **LRIF** - Locked-in Retirement Income Fund; **PRIF** - Prescribed Retirement Income Fund.

