

*These fields are required

1. CLIENT IDENTIFICATION

*Full Name of Account Holder		*SIN	
Full Name of Joint Account Holder (if applicable)		SIN (if applicable)	
*Address	*City	*Province	*Postal Code
Phone – Home	Phone – Work		

2. INFORMATION ON THE TRANSFEREE INSTITUTION

National Bank Investments Inc.
800 Saint-Jacques Street,
Unit 56481
Montreal, Quebec H3C 1A3
Tel. No.: 1-877-463-7627

*Dealer Code	*Advisor Code
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Full Name of the Contact Person	*Client Account No.
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3. CLIENT INSTRUCTIONS TO TRANSFEROR INSTITUTION

*Name of Transfer or Institution			
*Address	*City	*Province	*Postal Code
*Client Account/Policy No.			

***Type of transfer (Please check one box)**

- | | |
|--|--|
| <input type="checkbox"/> Full in-kind NBI Funds and/or Meritage Portfolios only
(as is / no investments will be sold). Not applicable to GICs. | <input type="checkbox"/> Full in cash**
(all investments will be sold, converted into cash prior to transferring) |
| <input type="checkbox"/> Full Mix**
(please indicate below assets to be sold and to transfer as is) | <input type="checkbox"/> Partial**
(please complete the table below) <input type="checkbox"/> List attached** |

In Kind (as is)	In Cash** (asset to sell)	Cash Balance or GIC at Maturity (no sale)	Amount and/or Number of Units or Shares	Security Symbol and/or Policy or Certificate Number	Investment Description and/or GIC Maturity Date (YYYY-MM-DD)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

** By signing in the Client Authorization section in this transfer form where I have requested a transfer of assets in cash (full or partial) I ACKNOWLEDGE that:

- There are or may be commissions, third-party charges (including deferred sales charges and re-registration charges), penalties or adjustments associated with the liquidation of my assets, costs or other fees and taxes (hereinafter the "fees"); AND
- I have the possibility of being informed of these fees by discussing with the transferor institution; AND
- I agree to pay these fees or to have these deducted from the value of my account(s) before the transfer.

4. CLIENT AUTHORIZATION

I hereby request the transfer of my account(s) in accordance with the instructions given in Section 3. In the case of a full transfer, please cancel all open orders, all pre-authorized debit plans and systematic withdrawal plans for my account(s) mentioned above. In the case of a transfer in cash, I authorize the liquidation of all or part of my investments and hereby acknowledge that such liquidation may have tax consequences. I ACKNOWLEDGE that fees and taxes could be charged to process the transfer by the transferor institution to complete the transfer, I agree to pay the fees or they can be deducted from the value of my account(s) prior to transfer.

X *Signature of Account Holder	*Date (YYYY MM DD)	Guaranteed Signature (for Head Office use only)
X Signature of Joint Account Holder (if applicable)	Date (YYYY MM DD)	