

\*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.  
1010 De La Gauchetière Street West  
Mezzanine 100, 8th Floor, TR 5321-1  
Montreal, Quebec H3B 5J2  
Tel. No.: 1-877-463-7627  
Fax No.: 1-866-771-7695

\_\_\_\_\_  
\*Dealer Code                      \*Advisor Code

\_\_\_\_\_  
Full Name of the Contact Person                      \*Client Account No.

**3. CLIENT INSTRUCTIONS TO TRANSFEROR INSTITUTION**

\_\_\_\_\_  
\*Name of Transferor Institution

\_\_\_\_\_  
\*Address                      \*City                      \*Province                      \*Postal Code

\_\_\_\_\_  
\*Client Account/Policy No.

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

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

In Kind <i>(as is)</i>	In Cash** <i>(asset to sell)</i>	Cash Balance or GIC at Maturity <i>(no sale)</i>	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.

\_\_\_\_\_  
\*Signature of Account Holder                      \_\_\_\_\_  
Date (YYYY MM DD)

\_\_\_\_\_  
Signature of Joint Account Holder (if applicable)                      \_\_\_\_\_  
Date (YYYY MM DD)

*Guaranteed Signature  
(for Head Office use only)*