

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

National Bank Investments Inc.		Group contract No. (if applicable)
Corporate name of receiving institution		
800, Saint-Jacques St., Unit 56481		
Address		
Montreal	Quebec	H3C 1A3
City	Province	Postal Code
1-877-463-7627		
Telephone No.	Client's account/contract No.	
Type of registered plan ²	<input type="checkbox"/> TFSA <input type="checkbox"/> FHSA	<input type="checkbox"/> RRSP <input type="checkbox"/> Spousal RRSP <input type="checkbox"/> LIRA (provincial) <input type="checkbox"/> LRSP (federal) <input type="checkbox"/> RLSP (federal) <input type="checkbox"/> RRIF <input type="checkbox"/> Spousal RRIF <input type="checkbox"/> LIF (provincial) <input type="checkbox"/> LIF (federal) <input type="checkbox"/> RLIF (federal) <input type="checkbox"/> LRIF (provincial) <input type="checkbox"/> PRIF (provincial)
Choose ... 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 TFSA's; between FHSAs; between RRSP's; between RRIF's; 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.

D. INSTRUCTIONS OF CLIENT TO TRANSFERRING INSTITUTION

Corporate name of transferring institution

Group contract No. (if applicable)

Address

City

Province

Postal Code

Client's account/contract No.

Transfer

☐ In cash *

☐ In kind

☐ Total

☐ Partial * \$

OR see list

*See declaration in bold in the "Client authorization, acknowledgements and confirmations" section below.

Investment amount (\$)	Security symbol and/or No., contract No. or certificate No.	RESERVED FOR TRANSFERRING INSTITUTION Do not deliver before (MM DD YYYY)

E. CLIENT AUTHORIZATION, ACKNOWLEDGEMENTS AND CONFIRMATIONS

I hereby request the transfer of my account and the investments in it, in the manner specified above.

For an "in-cash" transfer: I authorize the liquidation of all or part of my investments and I agree to pay all applicable charges or adjustments.

For a transfer from my FHSA to my RRSP or RRIF: I understand that if I have an excess FHSA amount at the time of the transfer and I transfer property from my FHSA to my RRSP or RRIF, any portion of the amount transferred that exceeds the total fair market value (FMV) of all the property held in all of my FSAs at the time of the transfer minus the excess FHSA amount at the time of the transfer, will be treated as both:

- a taxable withdrawal from my FHSA, which must be included as income on my income tax and benefit return for the year of the transfer
- a new RRSP contribution at the time of the transfer to my RRSP or RRIF

For a transfer from my RRSP to my FHSA: I certify that the amount transferred does not result in an excess FHSA amount.

For a transfer from a spousal RRSP of which I am the annuitant to my FHSA: I understand that if I intend to transfer property from my spousal RRSP, I am not permitted to transfer any amounts from the RRSP if my spouse has contributed any amounts to any of my spousal RRSPs during the current year or the two preceding calendar years. If I make such a transfer, the amount of the transfer will be both:

- a taxable withdrawal from my RRSP
- a new contribution to my FHSA

For a designation of beneficiary: Complete f.12724-002 "Designation of beneficiary".

X

Signature of account holder

Date (MM DD YYYY)

X

Signature of irrevocable beneficiary (if applicable)
I consent to the transfer of the account.

Date (MM DD YYYY)

F. RESERVED TO TRANSFERRING INSTITUTION

Type of registered plan²

☐ TFSA

☐ FHSA

☐ RRSP

☐ LIRA

☐ LRSP

☐ RLSP

☐ RRIF : ☐ eligible ☐ ineligible

☐ LIF

☐ RLIF

☐ PRIF

Spousal RRSP or RRIF: ☐ Yes ☐ No

(if yes, provide name and SIN of spouse below)

If locked-in plan, specify the applicable legislation:

☐ Federal

☐ Provincial

Choose ...

If provincial, indicate province

First and last name of spouse

Initials

Social Insurance No. of spouse

Funds transferred (\$)

First and last name of Contact person

Telephone No.

Fax No.

X

Date (MM DD YYYY)

Signature of authorized person

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