Transfer Authorization for Registered Investments (RRSP, LIRA, LRSP, RRIF, LRIF, LIF, RLIF, RLSP, PRIF, TFSA)

- This form is for use only with M.R.S Inc. accounts.
- This form can be used for transferring the registered plans listed above except (1) RRIF to RRSP transfers, (2) RRIF or RRSP to TFSA transfers, (3) TFSA to RRIF or RRSP transfers, (4) transfers due to death and (5) transfers due to marital breakdowns.
- Data entered on this form may be scanned and stored electronically. Please print neatly to ensure completeness, accuracy and machine-readability.

A: Client Identification

Account/Policy Holder Last Name | First Name | Initial(s) | Social Insurance Number

Address | Home Telephone Number

City | Province | Postal Code | Business Telephone Number

B: Receiving Institution Information

M.R.S. INC. — Receiving Institution Name

777 BAY STREET, SUITE 2100 — Address

TORONTO — City | ONTARIO — Province | M5G 2N4 — Postal Code

Group Plan Number (if applicable) | Client Account/Policy Number

CLIENT SERVICES — Contact Name

(416) 964-0028 — Telephone Number

(416) 413-0593 — Fax Number

FOR BBS DELIVERIES ONLY USE FINS #TO80

For use by Mutual Fund Brokers/ Dealers only

Dealer Name | Dealer Number | Dealer Account Number

Agent Name | Agent Number | Business Telephone Number | Business Fax Number

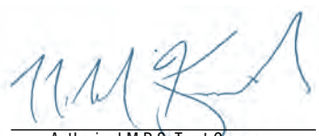
Registered Type:

☐ RRSP ☐ LRSP ☐ RRIF ☐ LRIF ☐ LIRA ☐ RLIF

☐ Spousal RRSP ☐ RLSP ☐ Spousal RRIF ☐ PRIF ☐ LIF ☐ TFSA

Locked-In Confirmation

M.R.S. Inc., as agent for M.R.S. Trust Company, agrees to administer all locked-in funds transferred under this transfer authorization in accordance with the governing pension legislation indicated in Section E below. Any subsequent transfer of these locked-in funds to another trustee or financial institution will be made only to another registered plan, which will continue to be administered in accordance with the requirements indicated below. No transfer of locked-in funds will be permitted unless the receiving plan is appropriately registered and in compliance with the applicable pension legislation, regulations and the Income Tax Act (Canada) and appears on the Superintendent's list of Financial Institutions authorized to administer funds in the jurisdiction noted above (if applicable).



Authorized M.R.S. Trust Company Signing Officer/Agent

C: Client Direction to Relinquishing Institution

Relinquishing Institution Name | Group Plan Number (if applicable)

Address | Client Account/Policy Number

City | Province | Postal Code

Transfer: *(check one box only for asset transfer instructions and an additional box if asset list is attached)*

☐ All in kind (as is) ☐ Cash balance only as at date of transfer by Relinquishing Institution ☐ Partial*; see list below or check here ☐ if list attached

☐ All in cash* ☐ All assets*, but mixed in cash and in kind; see list below or check here ☐ if list attached

***Please refer to statement in bold in Client Authorization section below.**

	Investment Amount	Symbol and/or Certificate Number or Policy Number	Investment Description
☐ In Kind ☐ Shares/Units ☐ In Cash ☐ Dollars			
☐ In Kind ☐ Shares/Units ☐ In Cash ☐ Dollars			

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 (DD/MM/YY) | Signature of Irrevocable Beneficiary/Former Spouse (if applicable) | Date (DD/MM/YY)

(For locked-in plans) Spouse: I consent to the transfer of the account.

Signature of Spouse (if applicable) | Date (DD/MM/YY)

E: For Use By Relinquishing Institution Only

Registered Type: ☐ RRSP ☐ LIRA ☐ LRSP ☐ RRIF: ☐ *Qualified* ☐ *Non-qualified*
☐ PRIF ☐ RLIF ☐ RLSP ☐ TFSA ☐ LRIF ☐ LIF: ☐ *Federal LIF* ☐ *Old LIF* ☐ *New LIF*

Spousal Plan: ☐ No ☐ Yes If yes: Last Name | First Name | Initial | Social Insurance Number

Locked-In: ☐ No ☐ Yes If yes, locked-in confirmation attached ☐ Locked-in funds: $ _____ Governing legislation _____

- The default is "unisex;" if sex-distinct, check here ☐ For plans governed by Manitoba PBA, if Death Benefit waiver attached, check here ☐
- If spouse waiver/consent form attached, check here ☐
- For LIF governed by Manitoba PBA: Is the transferor aware of a one-time transfer under section 21.4 of the Manitoba PBA: Yes ☐ No ☐

For LIF governed by AB, ON and MB and LRIF governed by NL and ON:

Plan value on January 1: $_____ Transfers out in current year: $_____

Transfers in current year: $_____ Income payments in current year: $_____

Current year's investment earnings: $_____

Original (creation) date of plan (LRIF only): _____ Date (DD/MM/YY)

Contact Name | ( ) Telephone Number | ( ) Fax Number

Authorized Signature | Date (DD/MM/YY)

ORIGINAL TO RELINQUISHING INSTITUTION