



# Transfer Authorization for Registered Investments (RSP, LIRA, LRSP, RIF, LRIF, LIF)

This form can be used for RSP to RSP transfers (except for transfers due to death), RSP to RIF transfers, and RIF to RIF transfers.

**Please note:** The data entered on this form may be scanned and stored electronically. Please print neatly in the spaces provided to ensure completeness, accuracy and machine readability.

## A: Client Identification

Account/Policy Holder Last Name										First Name										Init.	
Address																					
City															Prov.		Postal Code				
Social Insurance Number						Home Telephone Number						Business Telephone Number									
-						[ ] -						[ ] -									

## B: Receiving Institution Information

Receiving Institution Name										Contact Name											
M.R.S. TRUST COMPANY										CLIENT SERVICES											
Address																					
777 BAY STREET, SUITE 2100																					
City															Prov.		Postal Code				
TORONTO															ON		M5G-2N4				

### Registered Type:

- RRSP  RRIF
- Spousal RRSP  Spousal RRIF
- LIRA  LRIF
- LRSP  LIF

Telephone Number										Fax Number						Group Plan Number (if applicable)					
[4 1 6] 9 6 4 - 0 0 2 8										[4 1 6] 4 1 3 - 0 5 9 3											

Client Account/Policy Number										<b>FOR BBS DELIVERIES ONLY USE FINS #T080</b>											
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For use by Mutual Fund Brokers/Dealers only

Dealer Name										Dealer Number									
Agent Name										Agent Number									
Business Telephone Number						Business Fax Number						Dealer Account Number							
[ ] -						[ ] -													

Notification will be sent to the Dealer/Financial Advisor upon receipt of cash for all incoming transfers. Authorized Intermediary Settlement Dealers may then place wire orders, or trades may be faxed on the appropriate trade ticket.

## C: Receiving Institution Direction to Relinquishing Institution

Please ensure that you provide us with the book value(s) for transfers in-kind.

## D: Client Direction to Relinquishing Institution

Relinquishing Institution Name																					
Address																					
City															Prov.		Postal Code				
																	-				
Group Plan Number (if applicable)										Client Account/Policy Number											

Transfer: (check one box only)

- All in cash\*  All as is (in-kind)  All - in Cash\* assets listed below - balance in-kind  Partial\* - as listed below or on attached list

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

In Kind	In Cash	Investments Amount	Symbol and/or Certificate Number or Policy Number
<input type="checkbox"/>	<input type="checkbox"/>		
Shares/Unit	Dollars	Investment Description	
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
Shares/Unit	Dollars	Investment Description	
<input type="checkbox"/>	<input type="checkbox"/>		

FOR USE BY RELINQUISHING INSTITUTION					
Delay Delivery Until					
D	D	M	M	Y	Y
Delay Delivery Until					
D	D	M	M	Y	Y
Delay Delivery Until					
D	D	M	M	Y	Y

## E: 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		Irrevocable Beneficiary: I consent to the transfer of the account. Signature of Irrevocable Beneficiary (if applicable)										Date	

## F: For Use By Relinquishing Institution Only

Registered Type:		<input type="checkbox"/> RRSP	<input type="checkbox"/> LIRA	<input type="checkbox"/> LRSP	<input type="checkbox"/> RRIF: <input type="checkbox"/> Qualified <input type="checkbox"/> Non Qualified	<input type="checkbox"/> LRIF	<input type="checkbox"/> LIF	<input type="checkbox"/> GRSP			
Spousal Plan:		<input type="checkbox"/> No	<input type="checkbox"/> Yes - if yes:		Last Name				<input type="checkbox"/> DPSP		
		First Name				Init Social Insurance Number					
						-					
Locked In:		<input type="checkbox"/> No <input type="checkbox"/> Yes		Locked-In Funds		Governing Legislation					
				\$							
Contact Name					Telephone Number			Fax Number			
					[ ] -			[ ] -			
Authorized Signature					Date			D D M M Y Y Y Y			