

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



- 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

Plan Holder Last Name	First Name	Initial(s)	M A N D A T O R Y Social Insurance Number
Address			Telephone (Home)
City	Province	Postal Code	Telephone (Business)

B Receiving Institution Information

Sun Life Global Investments (Canada) Inc., c/o RBC Dexia Investor Services Trust,
155 Wellington Street West, 4th Floor, Toronto, ON M5V 3L3

RSP Specimen Plan # 254-561
 RIF Specimen Plan # 1543

Dealer Name _____ Dealer Number _____ Dealer Account Number _____
Agent Name _____ Agent Number _____ Telephone _____
Fax Number _____

For use by Mutual Fund Brokers/Dealers only

Registered Type:
 RRSP RRIF LIRA
 Spousal RRSP Spousal RRIF LIF
 LRSP LRIF RLIF
 RLSP PRIF TFSA

Investment Instructions:

Investment Name	Symbol	%/ \$ Amount

Locked-In Confirmation

Sun Life Global Investments (Canada) Inc., as agents for The Royal Trust Company, acknowledge that all locked-in funds from the registered plan noted in the Client Direction to the Relinquishing Institution section below will be transferred to the registered plan type noted and will continue to be administered in accordance with the governing pension legislation or contractual conditional of _____ (Province or Territory; if applicable, old new). Any subsequent transfer of these locked-in funds to another trustee or financial institution will be made only to another registered plan, which must continue to be administered in accordance with legislation of the jurisdiction noted above. 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).

X Caeselli _____ Caesar Iacovelli _____
Authorized Signature Name Date

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 as is; 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
<input type="checkbox"/> In Kind <input type="checkbox"/> In Cash <input type="checkbox"/> Shares/Units <input type="checkbox"/> Dollars		
<input type="checkbox"/> In Kind <input type="checkbox"/> In Cash <input type="checkbox"/> Shares/Units <input type="checkbox"/> 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.**

X _____ **X** _____
Signature of Plan Holder Date Signature of Irrevocable Beneficiary/Former Spouse Date
(if applicable)

(For locked-in plans) Spouse: I consent to the transfer of the account. **X** _____
Signature of Spouse (if applicable) Date

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: _____ **M A N D A T O R Y**
Last Name First Name Initial Social Insurance Number

• The default is "unisex;" if sex-distinct, check here
 • Current year's investment earnings to date: \$ _____
 • If spouse waiver/consent form attached, check here

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

Contact Name _____ Telephone _____ Fax Number _____
X _____
Authorized Signature Date