

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

Pro-Financial Asset Management Inc.
 c/o IAS Inc., Pro-Financial Client Services
 330 Bay Street, Suite 400
 Toronto, Ontario M5H 2S8
 Telephone: (416) 368 9569 Ext.333
 Fax: (416) 368 7355

Group Plan Number (if applicable): _____ Client Account/Policy Number: _____

Dealer Name: _____ Dealer Number: _____

Agent Name: _____ Agent Number: _____

Business Telephone Number: [] - [] Business Fax Number: [] - [] Dealer Account Number: _____

For use by Mutual Fund Brokers/Dealers only

Registered Type: **Investment Instructions:**

		Investment Name	Symbol	%/\$ Amount
RRSP	RRIF			
Spousal RRSP	Spousal RRIF			\$
LIRA	LRIF			\$
LRSP	LIF			\$

C: 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 assets*, but mixed in Cash and as is (in Kind), see list below or attached list
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
Shares/Unit	Dollars	Investment Description	
In Kind	In Cash	Investments Amount	Symbol and/or Certificate Number or Policy Number
Shares/Unit	Dollars	Investment Description	
In Kind	In Cash	Investments Amount	Symbol and/or Certificate Number or Policy Number
Shares/Unit	Dollars	Investment Description	

FOR USE BY RELINQUISHING INSTITUTION

Delay Delivery Until

DD | MM | YY

Delay Delivery Until

DD | MM | YY

Delay Delivery Until

DD | MM | YY

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: _____

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

E: For Use By Relinquishing Institution Only

Registered Type: RRSP LIRA LRSP RRIF: Qualified Non Qualified LRIF LIF

Spousal Plan: No Yes - if yes: Last Name: _____

First Name: _____ Init Social Insurance Number: _____

Locked In: No Yes - Locked-In confirmation attached \$ _____ Governing Legislation: _____

Contact Name: _____ Telephone Number: [] - [] Fax Number: [] - []

Authorized Signature: _____ Date: DD | MM | YY