



# Transfer Authorization for Registered Investments

This form can only be used for direct transfers of RRSPs and RRIFs.

## Investor Information

Investor Name (please print) \_\_\_\_\_ Social Insurance Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Email Address \_\_\_\_\_

## Receiving Institution Information

Account Type (select one):

- RRSP    Spousal/Common-Law Partner RRSP    RLSP    LIRA    LRSP    TFSA
- RRIF    Spousal/Common-Law Partner RRIF    RLIF    LRIF    LIF    PRIF

Account Number \_\_\_\_\_

**NEI Investments**   **1 complexe Desjardins, P.O. Box 34**   **Montreal**   **Quebec**   **H5B 1E4**

Receiving Institution Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Dealer/Rep Code \_\_\_\_\_ Representative Name \_\_\_\_\_ Receiving Institution Signature \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

## Investment Instructions

Amount \$ or %	Fund Name	Fund Code	Front End Sales Charge %
		NWT	%
		NWT	%
		NWT	%

## Investor Direction to Relinquishing Institution

Relinquishing Institution Name \_\_\_\_\_ Account Number \_\_\_\_\_ Group Plan Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Transfer** (Check one box only):    All in cash\*    All in kind    Partial\* (as listed below or on attached list)

**\*Please refer to statement in bold in Investor 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"/> In Kind <input type="checkbox"/> In Cash			
<input type="checkbox"/> In Kind <input type="checkbox"/> In Cash			

## Investor Authorization

\*Where I have requested a Transfer In Cash, I authorize the liquidation of all or part of my investments. I agree to pay any applicable fees, charges or adjustments

**I hereby request the transfer of my account and its investments as described above.**

**X** \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_ Or  see attached letter

Investor Signature \_\_\_\_\_

## For Use by Relinquishing Institution Only

We have transferred \$ \_\_\_\_\_

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

Spousal/Common-Law Partner Contributions?  Yes  No   If yes, please complete the following:

Spousal or Common-Law Partner Name \_\_\_\_\_ Social Insurance Number \_\_\_\_\_

Locked-in:  No  Yes (Locked-In Confirmation Attached)   \$ \_\_\_\_\_

Locked In Funds \_\_\_\_\_ Governing Legislation \_\_\_\_\_

Authorized Name \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_ Phone \_\_\_\_\_

**By signing here, we certify that the required minimum (RRIF/PRIF/RLIF/LIF/LRIF) payment has been made for the current year.**