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 Number

Account Type (select one):

☐ RRSP ☐ Spousal/Common-Law Partner RRSP ☐ RLSP ☐ LIRA ☐ LRSP ☐ TFSA

☐ RRIF ☐ Spousal/Common-Law Partner RRIF ☐ RLIF ☐ LRIF ☐ LIF ☐ PRIF

NEI Investments (Receiving Institution Name) | **1 complexe Desjardins, P.O. Box 34** (Address) | **Montreal** (City) | **Quebec** (Province) | **H5B 1E4** (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
☐ In Kind ☐ In Cash			
☐ In Kind ☐ In Cash			
☐ In Kind ☐ 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 _____ Investor Signature | Date (mm/dd/yyyy) | Or ☐ see attached letter

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.