



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.