



# Canadian ShareOwner Investments Inc. ("ShareOwner") Transfer Authorization for Registered Accounts

Use this form for Registered Accounts. Use one form per account.

## A: Account Owner Identification – Please fill this section completely

Mr.  Mrs.  Ms.  Dr.

Account Number (if applicable)

First Name

Middle Name

Last Name

Address

City

Province

Postal Code

Social Insurance Number

Home Telephone

Alternate Telephone

Email Address

**B: Canadian ShareOwner Investments Inc.**  
**862 Richmond Street West, Suite 201**  
**Toronto, Ontario M6J 1C9**  
**Phone: (416) 595-7200 Fax: (647) 245-1002**  
**transfers@shareowner.com**

## Receiving Institution Information

FINS# T003 CUID# CSIT DLR# 7829 REP# HX1

Registered Type:  RRSP  Spousal RRSP  LIRA  LRSP  TFSA  
 RRIF  Spousal RIF  LRIF  LIF

## C: Account Owner Directions to Relinquishing Institution – Please fill this section completely

Relinquishing Institution's Name

Address

Account/Policy Number

City

Province

Postal Code

**Transfer Instructions: (check one box only)**  All in-kind (as is)  All in-cash\*  Partial\* - as listed below or attached list  All assets\* - but mixed in cash and in Kind (as is) use list below or attached list  List Attached

**Important: Please attach a copy of your latest Account Statement (including full list of assets) from the Relinquishing Institution. This will help avoid unnecessary delays in transferring your account.**

In-Kind  Dollars

In-Cash  Shares/Units

Investment Amount

Symbol and/or Certificate Number or Policy Number

Investment Description

In-Kind  Dollars

In-Cash  Shares/Units

Investment Amount

Symbol and/or Certificate Number or Policy Number

Investment Description

## D: Account Owner Authorization – Please fill this section completely

I hereby request a transfer of my account as directed above. Please cancel all open orders (G.T.C./SWP/PAC etc.) for my accounts on your Books. \*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.

Signature Required

Signature of Account Owner

I have read the disclosure and authorize transfer as above

Date (MM-DD-YYYY)

Signature of Irrevocable Beneficiary (if applicable)

I consent to the transfer of the account.

Date (MM-DD-YYYY)

## E: Locked-in Confirmation – For Internal Office Use Only

ShareOwner, as agent of The Canada Trust Company, agrees to administer all locked-in funds transferred under this transfer authorization with the governing pension legislation of \_\_\_\_\_. Any subsequent transfer of these locked-in funds to another trustee or financial institution will be made only to another registered plan, which will continue to be administered in accordance with the requirements indicated. 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).

Name – Please Print

Authorized Signature

Date (MM-DD-YYYY)

## F: For Relinquishing Institution Use Only

Registered Type:  RRSP  RRIF  LIRA  LRIF  Spousal RRSP  Spousal RIF  LRSP  LIF  TFSA

Spousal Plan:  No  Yes If yes:

Last Name

First Name

Social Insurance Number

Locked-in:  No  Yes (Locked-in confirmation attached) \$

Locked-in funds

Governing Legislation

Contact Name (Please Print)

Telephone Number

Fax Number

Authorized Signature

Date (MM-DD-YYYY)