

Transfer Authorization for Registered Investments

(RSP, LIRA, LRSP, RRIF, LRIF, LIF, RLIF, RLSP, PRIF, TFSA)

A division of B2B Bank Securities Services Inc.

- This form can be used for transferring the registered plans listed above except (1) RIF to RSP transfers, (2) RIF or RSP to TFSA transfers, (3) TFSA to RIF or RSP transfers, (4) transfers due to death and (5) transfers due to marital breakdowns.
- Data entered on this form may be scanned and stored electronically. Please print neatly to ensure completeness, accuracy and machine-readability.

A: Client Identification	Account/Policy Holder Last Name		First Name		Initial(s)	Social Insurance Number	
	Address					Home Telephone Number ()	
	City		Province	Postal Code		Business Telephone Number ()	

B: Receiving Institution Information	Receiving Institution Name ☐ B2B Bank Discount Brokerage, A division of B2B Bank Securities Services Inc.				Contact Name TRADING DESK	
	Address 199 BAY STREET, SUITE 610 PO BOX 35 STN COMMERCE COURT				Telephone Number (416) 413-7201	
	City TORONTO		Province ON	Postal Code M5L 0A3	Fax Number (416) 413-0733	
	Group Plan Number (if applicable)		Client Account/Policy Number		FOR BBS DELIVERIES ONLY USE FINS #T080	

For use by Dealers only	Dealer Name		Dealer Number		Dealer Account Number	
	Advisor Name		Advisor #	Business Telephone Number ()		Business Fax Number ()

Registered Type:

☐ RSP ☐ LRSP ☐ RIF ☐ LRIF ☐ LIRA ☐ RLIF
☐ Spousal RSP ☐ RLSP ☐ Spousal RIF ☐ PRIF ☐ LIF ☐ TFSA

Locked-In Confirmation

B2B Bank Securities Services Inc., as agent for B2B Trustco, agrees to administer all locked-in funds transferred under this transfer authorization in accordance with the governing pension legislation indicated in Section E below. 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 below. 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).



Authorized B2B Trustco
Signing Officer/Agent

C: Client Direction to Relinquishing Institution	Relinquishing Institution Name		Group Plan Number (if applicable)	
	Address		Client Account/Policy Number	
	City		Province	Postal Code

Transfer: (check one box only for asset transfer instructions)

☐ All in kind (as is) ☐ Partial*; see list below or attached list ☐ All in cash* ☐ All assets*, but mixed in cash and in kind; see list below or attached list

***Please refer to statement in bold in Client Authorization section below.**

	Investment Amount	Symbol and/or Certificate Number or Policy Number	Investment Description
☐ In Kind ☐ In Cash ☐ Shares/Units ☐ Dollars			
☐ In Kind ☐ In Cash ☐ Shares/Units ☐ Dollars			
☐ In Kind ☐ In Cash ☐ Shares/Units ☐ Dollars			
☐ In Kind ☐ In Cash ☐ Shares/Units ☐ Dollars			

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 (mm/dd/yyyy)	Signature of Irrevocable Beneficiary/Former Spouse (if applicable)
			Signature of Spouse (if applicable)	Date (mm/dd/yyyy)
(For locked-in plans) Spouse: I consent to the transfer of the account.				

E: For Use By Relinquishing Institution Only	Registered Type: ☐ RSP ☐ LIRA ☐ LRSP ☐ RIF: ☐ Qualified ☐ Non-qualified ☐ PRIF ☐ RLIF ☐ RLSP ☐ TFSA ☐ LRIF ☐ LIF: ☐ Federal LIF ☐ Old LIF ☐ New LIF		
	Spousal Plan: ☐ No ☐ Yes If yes: _____ Last Name First Name Initial Social Insurance Number		
	Locked-In: ☐ No ☐ Yes if yes, locked-in confirmation attached ☐ Locked-in funds: \$ _____ Governing legislation _____		
For LIF governed by AB, ON and MB and LRIF governed by NL and ON:		Plan value on January 1: \$ _____ Transfers out in current year: \$ _____ Transfers in current year: \$ _____ Income payments in current year: \$ _____ Current year's investment earnings: \$ _____ Original (creation) date of plan (LRIF only): _____ Date (mm/dd/yyyy)	
Contact Name		Telephone Number ()	Fax Number ()
Authorized Signature		Date (mm/dd/yyyy)	

FORWARD TO B2B BANK DISCOUNT BROKERAGE FOR PROCESSING