



Transfer Authorization for Registered and Non-registered Investments

(RRSP, LIRA, LRSP, RRIF, LRIF, LIF, RLIF, RLSP, PRIF, TFSA, Non-registered)

500-5000 Yonge Street
Toronto, ON M2N 7J8
ivari.ca

This form can be used for transferring the registered plans listed above except (1) RRIF to RRSP transfer, (2) RRIF or RRSP to TFSA transfers, (3) TFSA to RRIF or RRSP 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

If the address indicated in this section is different than our address of record, this information will be used to update our records.

Account/Policy Holder Last Name		First Name	Initial
Address			
City		Province	Postal Code
Social Insurance Number	Home Telephone Number	Business Telephone Number	

B Receiving institution information FOR USE BY ADVISOR ONLY

ivari, 500-5000 Yonge Street, Toronto, ON M2N 7J8 Telephone: 1-800-846-5970 Fax: 1-800-661-7296

Client Account / Policy Number

Dealer Name		Dealer Number	Dealer Account Number
Advisor Name	Advisor Number	Business Telephone Number	Business Fax Number

REGISTRATION TYPE DID YOU CHECK OFF THE APPROPRIATE ACCOUNT TYPE?

- | | | | | | |
|----------------------------|------------------------------------|----------------------------|----------------------------|----------------------------|--------------------------------------|
| <input type="radio"/> RRSP | <input type="radio"/> Spousal RRSP | <input type="radio"/> LRSP | <input type="radio"/> LIRA | <input type="radio"/> RLSP | <input type="radio"/> LIF |
| <input type="radio"/> RRIF | <input type="radio"/> Spousal RRIF | <input type="radio"/> PRIF | <input type="radio"/> RLIF | <input type="radio"/> TFSA | <input type="radio"/> Non-registered |

INVESTMENT

Daily Interest Account/Guaranteed Interest Account

- 6 months 1 Year 2 years 3 years 4 years 5 years 10 years 15 years DIA

INVESTMENT NAME**	DSC PLAN	ISC (%)	FUND CODE	% / \$ AMOUNT

LOCKED-IN FUNDS CONFIRMATION

ivari acknowledges that all locked-in funds from the registered plan noted in the "Client Direction to the Relinquishing Institution" section below will be transferred to the registered plan type noted above and will continue to be administered in accordance with the governing pension legislation of the jurisdiction indicated below. Any subsequent transfer of these locked-in funds will not 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 below (if applicable).

Authorized Signature _____ Jurisdiction _____

Please print 1 copy for each: Head office, Advisor, Relinquishing Institution, and Client

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C Client's direction to relinquishing institution

Relinquishing Institution's Name	Group Plan Number (if applicable)	
Address	Client Account/Policy Number	
City	Province	Postal Code

Transfer: (check one box only for asset transfer instructions and an additional box if asset list is attached)

- All in cash*
 Cash balance only as at date of transfer by Relinquishing Institution*
 Partial In-Cash*: see list below or check here
 if list attached
 All In Kind (as is)

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

	INVESTMENT AMOUNT	FUND CODE	FUND NAME
<input type="radio"/> Units <input type="radio"/> Dollars			
<input type="radio"/> Units <input type="radio"/> Dollars			

D Client authorization

Fund Fact pages are available on **ivari.ca** or on request by calling 1-800-846-5970.

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.**

****WHERE INVESTMENT ALLOCATIONS HAVE BEEN PROVIDED IN SECTION B;, I ACKNOWLEDGE THAT MY ADVISOR HAS REVIEWED WITH ME THE FUND FACT PAGES FOR EACH OF THE FUNDS SELECTED.**

_____ Signature of Account/Policy Holder	_____ Date (DD/MM/YYYY)	_____ Signature of Irrevocable Beneficiary (if applicable)	_____ Date (DD/MM/YYYY)
(For locked-in plans) Spouse: I consent to the transfer of the account.		_____ Signature of Spouse (if applicable)	_____ Date (DD/MM/YYYY)

E For use by relinquishing institution only

- Registration Type:**
 RRSP
 LIRA
 TFSA
 New Ont. LIF
 RRIF
 Non-registered
 PRIF
 RLIF
 LRIF
 Federal LIF
 Qualified
 LRSP
 RLSP
 LIF
 Old Ont. LIF
 Non-qualified

Spousal Plan:
 Yes
 No
 If **"Yes,"** complete spousal information:

_____ Last Name	_____ First Name	_____ Initial	_____ Social Insurance Number
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Locked-In: Yes No If **"Yes,"** locked-in confirmation attached Locked in funds: \$ _____ Jurisdiction _____

- The default is "unisex" if sex-distinct, check here
- If spouse waiver/consent form attached, check here
- Current year's investment earnings to date: \$ _____

_____ Contact Name	_____ Telephone Number	_____ Fax Number
_____ Authorized Signature	_____ Date (DD/MM/YYYY)	



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