

Transfer Authorization for Non-Registered Investments

Please note: The data entered on this form may be scanned and stored electronically. Please print neatly in the spaces provided to ensure completeness, accuracy and machine readability.

A: Client Identification

Account/Policy Holder Last Name or name of corporation, trust or other non-individual owner | First Name | Init.

Address

City | Prov. | Postal Code

Social Insurance Number | Home Telephone Number | Business Telephone Number

Joint Owner Last Name | Joint Owner First Name | Init. | Social Insurance Number

B: Receiving Institution Information

BMO Life Assurance Company
 BMO GIF Administrative and Services Office:
 250 Yonge St., 7th Floor
 Toronto, ON M5B 2M8
 Telephone: 1-855-639-3867
 Fax: 1-855-747-5613

A COMPLETED APPLICATION IS REQUIRED TO OPEN A NEW NON- REGISTERED PLAN - APPLICATION ATTACHED YES NO

Client Account/Policy Number

Dealer Name | Dealer Number

Agent Name | Agent Number

Agent Telephone Number | Agent Fax Number | Dealer Account Number

For use by Brokers/Dealers only

Investment Instructions:

Fund Name	Fund Code	\$/ \$ Amount
		\$. . .
		\$. . .
		\$. . .

C: Client Direction to Relinquishing Institution

Relinquishing Institution Name

Address

City | Prov. | Postal Code

Client Account/Policy Number

Transfer: (check one box only)
 All in cash* All as is (in Kind) All assets*, but mixed in Cash and as is (in Kind), see list below or attached list Partial* - as listed below or on attached list

***Please refer to statement in bold in Client Authorization section below.**
 Please make cheque payable to: **BMO Life Assurance Company**

In Kind	In Cash	Investment Amount	Symbol and/or Certificate Number or Policy Number	FOR USE BY RELINQUISHING INSTITUTION Delay Delivery Until dd/mmm/yyyy
<input type="checkbox"/>	<input type="checkbox"/>			
Shares/Unit	Dollars	Investment Description		
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

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 | Irrevocable Beneficiary: I consent to the transfer of the account. | Date
 Signature of Irrevocable Beneficiary (if applicable)

Signature of Joint Account Holder | Date

E: For Use By Relinquishing Institution Only

Contact Name | Telephone Number | Fax Number

Authorized Signature | Date
 dd/mmm/yyyy

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