

# Transfer Authorization for Registered Investments

(RSP, LIRA, LRSP, RLSP, RIF, LRIF, LIF, RLIF, TFSA)

This form can be used for RSP to RSP transfers (except for transfers due to death), RSP to RIF transfers and RIF to RIF transfers.

**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 \_\_\_\_\_ First Name \_\_\_\_\_ Init. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Social Insurance Number \_\_\_\_\_ Home Telephone Number \_\_\_\_\_ Business Telephone 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 REGISTERED PLAN - APPLICATION ATTACHED**  YES  NO

Client Account/Policy Number \_\_\_\_\_

*For use by Brokers/Dealers only*

Dealer Name \_\_\_\_\_ Dealer Number \_\_\_\_\_

Agent Name \_\_\_\_\_ Agent Number \_\_\_\_\_

Agent Telephone Number \_\_\_\_\_ Agent Fax Number \_\_\_\_\_ Dealer Account Number \_\_\_\_\_

Registered Type:

RRSP  RRIF  TFSA  
 Spousal RRSP  Spousal RRIF  
 LIRA  LRSP  RLSP  
 LIF  LRIF  RLIF

Governing Province/Federal: \_\_\_\_\_

**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/mm/yyyy
<input type="checkbox"/>	<input type="checkbox"/>			
Shares/Unit	Dollars	Investment Description		
<input type="checkbox"/>	<input type="checkbox"/>			
Shares/Unit	Dollars	Investment Description		
<input type="checkbox"/>	<input type="checkbox"/>			
Shares/Unit	Dollars	Investment Description		
<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) \_\_\_\_\_

**E: For Use By Relinquishing Institution Only**

Registered Type:  RRSP  TFSA  LIRA  LRSP  RLSP  LRIF  LIF  RLIF  RRIF  Qualified  Non Qualified

Spousal Plan:  No  Yes - if yes: \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Init \_\_\_\_\_ Social Insurance Number \_\_\_\_\_

Locked In:  No  Yes - Locked-In confirmation attached

Locked-In Funds \$ \_\_\_\_\_

Governing Legislation \_\_\_\_\_

One-time unlocking option has been exercised.  Yes  No

Contact Name \_\_\_\_\_ Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

dd/mm/yyyy