

## Transfer Authorization for Registered and Non-Registered Investments

(RSP, LIRA, LRSP, RIF, LRIF, LIF, RLIF, RLSP, PRIF, TFSA, Non-Registered)

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

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 Non-Personal Name	First Na	me 🔻		Initial 🔻
Address (Street, Apt., City, Province, Postal Code)▼				
Social Insurance Number 🔻	Date of Birth ▼	Hom	e Telephone Number 🔻	
	<u> </u>			
B. CLIENT DIRECTION TO RELINQUISHIN	GINSTITUTION Write a	cheque payable to RGP Investment	5	
Relinquishing Institution Name 🔻		Client Account/Policy Number 🔻	Group Plar	Number (if applicable) 🔻
Address (Street, City, Province, Postal Code)▼				
TRANSFER: (check one box only)				
All in cash* All as is (in Kind) All assets*, but m		list below or attached list.  Partial* – as lis	ted below or on attached list	FOR USE BY RELINQUISHING
*Please refer to statement in bold in Client Authorization se □\$ Nuvestment Amount ▼	ction below. Symbol and/or Certificate Numb	per or Policy Number 🔻 Investment Desc	cription 🔻	INSTITUTION Delay Delivery Until ▼
In Kind In Cash	Sumbal and/as Cartificate Numb			D_D / M_M / Y_Y Y_Y Delay Delivery Until ▼
□ \$ □ % Investment Amount ▼	Symbol and/or Certificate Numb	per or Policy Number  Investment Desc		
C. RECEIVING INSTITUTION INFORMATIO	DN			
RGP Investments Funds A/S CIBC Mello Adress: 1 York Street, Suite 900 Toronto ON M5J 0E	Fax: (1855) 884-0493	40-4374 Client Account ▼		
Dealer Name 🔻	Dealer Number 🔻	Advisor Name 🔻		Advisor Code 🔻
Dealer Cross Reference No.▼ Bu	siness Telephone Number ▼	Business Fax	Number 🔻	
RRSP     RLIF     Spousal RRIF     Fund Name       Spousal RRSP     PRIF     LRIF       LIRA     Non- Registered     LIF       LRSP     RRIF     RLSP	INSTRUCTIONS:	Fu	Indicate Amount	Sales Charge %
LOCKED-IN CONFIRMATION François Beaudoin, as agent for RGP Investissements c/o CIBC M in accordance with the governing pension legislation indicated in S	ellon Trust Company, agrees to administ ection E below. Any subsequent transfer	er all locked-in funds transferred under this transf of these locked-in funds to another trustee or fin	er authorization ancial institution —	
will be made only to another registered plan, which will continue to be permitted unless the receiving plan is appropriately registered a D. CLIENT AUTHORIZATION	be administered in accordance with the	requirements indicated below. No transfer of loc	ked-in funds will	François Beaudoin RGP Investissements Officer/Agent
I, hereby request the transfer of my account and its	investments as described above	e.		
WHERE I HAVE REQUESTED A TRANSFER IN CASH, I AUTI Signature of Account Holder  Date  Date	IORIZE THE LIQUIDATION OF ALL O Signature of Joint Account Holder (if applicable) ▼	Irrevocable Ben	TO PAY ANY APPLICABLE F eficiary: I consent to the tran ocable Beneficiary (if applica	nsfer of the account.
dd / mm / yyyy		DD / MM / YYYY		dd / mm / yyyy
E. FOR USE BY RELINQUISHING INSTITU				
	RRIF: Qualified Non Qualifi	edLRIFLIFPRIFRLIF	TFSA Non-Re	gistered
Spousal Plan: □No □Yes – if yes, complete the following Last Name ▼	information First Name ▼		Initial  Social II	nsurance Number▼
	· · · · · · · · · · · · · · · · · · ·			
	Locked-In amount ▼	Total Amount 🔻	Governing Legislation <ul> <li>Governing Legislation</li> </ul>	
└── No └── Yes (Attach Locked-In confirmation) Contact Name ▼	\$	Telephone Number 🔻	Fax Numbe	er 🔻
Authorized Signature 🔻				Date 🔻