

Transfer Authorization for Registered Investments

This form should be used to record a direct transfer of your RRSP/RRIF/TFSA to a Group Plan at Open Access. Please print and check the boxes that apply to you. Legislative references on this form are references to the Income Tax Act (Canada).

SECTION 1: CLIENT IDENTIFICATION

*Required Information

Surname*

First Name and Initial*

☐ Mr. ☐ Mrs.
☐ Ms.

Address*

City or Town*

Province*

Postal Code*

Phone Number*

S.I.N.*

SECTION 2: RECEIVING INSTITUTION INFORMATION

Please send funds to A\$M Dealer 9060. Please mail cheques to:

Receiving Institution Name

Attn

Contact Number

Contact Fax

Open Access Limited

C/O CWT

1 (866) 625 4777

1 (866) 955 4878

Address

City or Town

Province

Postal Code

300 - 750 Cambie Street

Vancouver

BC

V6B 0A2

Client Account Number

Dealer Number

Agent Number

9060

1100

Registered Plan Type:

☐ RRSP

☐ RRIF

☐ TFSA

☐ Spousal RRSP

☐ Spousal RRIF

☐ LIF

☐ LRSP

☐ LRIF

☐ LIRA

SECTION 3: CLIENT DIRECTION TO RELINQUISHING INFORMATION

Relinquishing Institution Name

Group Plan Number (if applicable)

Client Account/Policy Number

Address

City

Province

Postal Code

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

☐ All in kind (as is)

☐ Cash balance only as at date of transfer by Relinquishing Institution

☐ Partial*: see list below or check here ☐ if list is attached

☐ All in cash*

☐ All assets*, but mixed in cash and in kind; see list below or check here ☐ if list is attached

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

Investment Amount

Symbol and/or Certification Number or Policy Number

Investment Description

☐ In Kind

☐ In Cash

☐ Shares/Units

☐ Dollars

☐ In Kind

☐ In Cash

☐ Shares/Units

☐ Dollars

SECTION 4: 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.

Date

Y Y Y Y / M M / D D

Signature of Account Holder

Date

Y Y Y Y / M M / D D

Signature of Irrevocable Beneficiary/Former Spouse (if applicable)

(For locked-in plans) Spouse: I consent to the transfer of the account.

Date

Y Y Y Y / M M / D D

Signature of Spouse (if applicable)

SECTION 5: FOR USE BY RELINQUISHING INSTITUTION

Registered Type: ☐ RRSP ☐ LIRA ☐ LRSP ☐ RRIF: ☐ Qualified ☐ Non-qualified
☐ PRIF ☐ RLIF ☐ RLSP ☐ TFSA ☐ LRIF ☐ LIF: ☐ Federal LIF ☐ Old LIF ☐ New LIF

Spousal Plan: ☐ No ☐ Yes *If yes: Surname _____ First Name and Initial _____

S.I.N. _____

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

Locked-In: ☐ No ☐ Yes

If yes, locked-in confirmation attached ☐ Locker-in funds: \$ _____ Governing legislation _____

Contact Name

Contact Number

Fax Number

Date

Y Y Y Y / M M / D D

Authorized Signature

INSTRUCTION FOR TRANSFEROR:

For cash transfers, please send funds to A\$M Dealer 9060 or make cheques payable to "Canadian Western Trust."
Please forward all documentation to:

Open Access Limited
Attention: C/O CWT
300 – 750 Cambie Street
Vancouver, BC V6B 0A2

Telephone: (416) 364-6667
Fax: 1-866-OAL-GRSP (625-4777)
Fax: (416) 955-4878
Toll-Free: 1-866-955-4878
Email: inquiry@openaccessltd.com