

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*	
<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.		
<input type="checkbox"/> Ms.			
Address*	City or Town*	Province*	Postal Code*
Phone Number*		S.I.N.*	

SECTION 2: RECEIVING INSTITUTION INFORMATION

Receiving Institution Name	Contact Name	Contact Number	Contact Fax
Open Access Limited	Account Transfer Department	1 (866) 625 4777	1 (866) 955 4878
Address	City or Town	Province	Postal Code
1 Richmond Street West Suite 701	Toronto	ON	M5H 3W4
Client Account Number	Dealer Number	Agent Number	
	9060	1100	
Registered Plan Type:	<input type="checkbox"/> RRSP	<input type="checkbox"/> RRIF	<input type="checkbox"/> TFSA
	<input type="checkbox"/> Spousal RRSP	<input type="checkbox"/> Spousal RRIF	<input type="checkbox"/> LIF
	<input type="checkbox"/> LRSP	<input type="checkbox"/> LRIF	<input type="checkbox"/> 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
<input type="checkbox"/> In Kind	<input type="checkbox"/> In Cash		
<input type="checkbox"/> Shares/Units	<input type="checkbox"/> Dollars		
<input type="checkbox"/> In Kind	<input type="checkbox"/> In Cash		
<input type="checkbox"/> Shares/Units	<input type="checkbox"/> 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)	Date
(For locked-in plans) Spouse: I consent to the transfer of the account.	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 transfer, please make cheque payable to "Canadian Western Trust".
For in-kind transfer, please attach a statement of the account indicating the book value of all assets.
Please forward all documentation to:

Open Access Limited
Attn: Customer Service
1 Richmond St. W
Suite 701
Toronto, ON
M5H 3W4

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