



Dealer Account #:

Transfer Authorization for Registered Investments (RSP, RIF, Spousal RSP/RIF, PRIF, LIRA/LRRSP, LIF)

This form can be used for RSP to RSP transfers (except for transfers due to death), RSP to RIF transfers, RIF to RIF transfers and RSP to IPP/RPP 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 Information

Account/Policy Holder Last Name _____ First Name _____ Init _____

Address _____

City _____ Prov. _____ Postal Code _____

Social Insurance Number _____ Home Telephone Number _____ Business Telephone Number _____
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B: Receiving Institution Information

Receiving Institution Name **CANADIAN WESTERN TRUST** Contact Name **CORPORATE & GROUP SERVICES**

Address **300 - 750 CAMBIE STREET**

City **VANCOUVER** Prov. **BC** Postal Code **V6B 0A2**

Telephone Number **604-685-2081** Fax Number **604-699-4899** Group Plan Number (if applicable) _____

Client Account/Policy Number _____

INTERMEDIARY CODE "CWTC"

Dealer Name _____ Dealer Number _____

Agent Name _____ Agent Number _____

Home Telephone Number _____ Business Telephone Number _____ Group Plan Number (if applicable) _____
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For use by Mutual Fund Broker/Dealers Only

Registered Type

- RRSP SPOUSAL RRSP LIRA/LRRSP IPP
- RRIF SPOUSAL RRIF PRIF LIF

C: Client Direction to Relinquishing Institution

Relinquishing Institution Name _____

Address _____

City _____ Prov. _____ Postal Code _____

Group Plan Number (if applicable) _____ 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.

In Kind	In Cash	Investments Amount	Symbol and/or Certificate Number or Policy Number	FOR USE BY RELINQUISHING INSTITUTION Delay Delivery Until
Shares/Unit	Dollars	Investment Description		
In Kind	In Cash	Investments Amount	Symbol and/or Certificate Number or Policy Number	Delay Delivery Until
Shares/Unit	Dollars	Investment Description		
In Kind	In Cash	Investments Amount	Symbol and/or Certificate Number or Policy Number	Delay Delivery Until
Shares/Unit	Dollars	Investment Description		

D: Client's Authorization

I hereby request the transfer of my account and its investments described above. **"WHERE I HAVE REQUESTED A TRANSFER IN CASH, I WILL ARRANGE THE LIQUIDATION OF ALL OR PART OF MY INVESTMENTS AND AGREE TO PAY ALL APPLICABLE FEES, CHARGES OR ADJUSTMENTS"**

Signature of Account Holder _____ Date _____ Irrevocable Beneficiary: I consent to the transfer of the account Signature of _____ Date _____
the Irrevocable Beneficiary (if applicable)

NOT NEGOTIABLE

E: For Use by Relinquishing Institution Only

Registered Type RRSP LIRA LRRSP RRIF PRIF LRIF LIF IPP

Spousal Plan No Last Name _____
 Yes - if yes:

First Name _____ Init _____ Social Insurance Number _____

Locked in: No Yes Locked in Funds \$ _____ Governing Location _____

Contact Name _____ Telephone Number _____ Fax Number _____
() ()

Authorized Signature _____ Date _____