



Transfer Authorization for Registered Investments (IPP, GRP, RSP, GRP RRIF/RSP & EBP)
 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 Information

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

Receiving Institution Name **CANADIAN WESTERN TRUST CORPORATE TRUST** Contact Name _____

Address _____

City **300-750 CAMBIE STREET** 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 _____

Dealer Name _____ Dealer Number _____

Agent Name _____ Agent Number _____

Home Telephone Number _____ Business Telephone Number _____ Group Plan Number (if applicable) _____

Registered Type

IPP GROUP RRSP SPOUSAL GROUP RRSP E.B.P.

GROUP RRIF SPOUSAL GROUP RRIF

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
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Shares/Unit	Dollars	Investment Description	
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

FOR USE BY RELINQUISHING INSTITUTION

Delay Delivery Until

D D M M Y Y

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 _____ Date _____

Signature of Irrevocable Beneficiary (if applicable) _____

NOT NEGOTIABLE

E: For Use by Relinquishing Institution Only

Registered Type RRSP LIRA LRSP RRIF Qualified Non-Qualified LRIF LIF

Spousal Plan No Yes - if yes: _____ Last Name _____

First Name _____ Init _____ Social Insurance Number _____

Locked in Funds _____ Governing Location _____

Locked in: No Yes _____

Contact Name _____ Telephone Number _____ Fax Number _____

Authorized Signature _____ Date _____