

**AGF**

Transfer Authorization for Registered & Non-Registered Investments

RRSP, LIRA, LRSP, RRIF, LRIF, LIF, RLIF, RLSP, PRIF, TFSA, FHSA, NON-REGISTERED

This form can be used for transferring the registered plans listed above, except: (1) RRIF to RRSP transfers, (2) RRIF or RRSP to TFSA transfers, (3) TFSA to RRIF, RRSP or FHSA transfers, (4) transfers due to death, and (5) transfers due to marital breakdowns.

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				Initial(s)											
Address				City				Province				Postal Code							
Social Insurance Number				Date of Birth				Home Telephone				Business Telephone				E-mail Address			

B: Receiving Institution Information

AGF Investments Inc. (as agent for Computershare Trust Company of Canada) New accounts require an AGF application form. FundServ A\$M code for remittance: AGF.
 81 Bay Street, Suite 4000, Toronto, Ontario M5J 0G1 AGF Client Services: Toll-free: 1 800 268-8583 Local: 905 214-8203 Fax: 1 888 329-4243

Group Plan Number (if applicable)				AGF Account Number			
Account Type: <input type="checkbox"/> RRSP <input type="checkbox"/> Spousal RRSP <input type="checkbox"/> LIRA <input type="checkbox"/> LRSP <input type="checkbox"/> RRIF <input type="checkbox"/> Spousal RRIF <input type="checkbox"/> LRIF <input type="checkbox"/> LIF <input type="checkbox"/> RLIF <input type="checkbox"/> RLSP <input type="checkbox"/> PRIF <input type="checkbox"/> TFSA <input type="checkbox"/> FHSA <input type="checkbox"/> Non-Registered							

Investment Selection:

Fund Name (Please see AGF.com for the latest fund names and codes.)	Fund Number	Sales Charge (Front Load Purchases Only)	Investment Amount (\$ or %)

Locked-In Confirmation: AGF Investments Inc., as agent for Computershare Trust Company of Canada, agrees to administer all locked-in funds transferred under this transfer authorization in accordance with the governing pension legislation indicated in Section "E" below. Any subsequent transfer of these locked-in funds to another Trustee or financial institution will be made only to another registered plan, which must continue to be administered in accordance with legislation of the jurisdiction noted in Section "E" below. No transfer of locked-in funds will be permitted unless the receiving plan is appropriately registered and in compliance with the applicable pension legislation, regulations and the *Income Tax Act* (Canada).

Authorized Signature				Date											
Dealer Name				Rep Name				Dealer Account Number							
Dealer Number				Representative Number				Telephone Number				Fax Number			

C: Client Direction to Relinquishing Institution

Relinquishing Institution Name															
Address				City				Province				Postal Code			
Client Account/Policy Number				Group Plan Number (if applicable)											
Transfer: (check one box only) <input type="checkbox"/> All in cash* <input type="checkbox"/> All as is (in kind) <input type="checkbox"/> All assets*, but mixed in cash and as is (in kind), see list below or attached list <input type="checkbox"/> Partial* - as listed below or attached list <input type="checkbox"/> Check here if attaching list:															
Investments Amount				Symbol and/or Certificate 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															

D: 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.**

X				Y Y Y Y Y M M D D				Y Y Y Y Y M M D D							
Signature of Account Holder				Date				Signature of Joint Account Holder (if applicable)				Date			
Irrevocable Beneficiary: I consent to the transfer of the account.				Y Y Y Y Y M M D D				Y Y Y Y Y M M D D							
Signature of Irrevocable Beneficiary/Former Spouse (if applicable)				Date											

E: For Use by Relinquishing Institution Only

Account Type: <input type="checkbox"/> RRSP <input type="checkbox"/> LIRA <input type="checkbox"/> LRSP <input type="checkbox"/> RLIF <input type="checkbox"/> RRIF: <input type="checkbox"/> Qualified <input type="checkbox"/> LIF: <input type="checkbox"/> Old LIF (if applicable) <input type="checkbox"/> Non-Registered <input type="checkbox"/> RLSP <input type="checkbox"/> PRIF <input type="checkbox"/> TFSA <input type="checkbox"/> LRIF <input type="checkbox"/> Non Qualified <input type="checkbox"/> New LIF (if applicable) <input type="checkbox"/> FHSA			
Spousal Plan: <input type="checkbox"/> No <input type="checkbox"/> Yes - if yes, please complete name and Social Insurance Number information below:			
Spouse's Last Name First Name Initial(s) Spouse's Social Insurance Number			
Locked In: <input type="checkbox"/> No <input type="checkbox"/> Yes Locked-In Funds			
If spousal waiver/consent form attached, check here: <input type="checkbox"/> Governing Legislation			
Current year's investment earnings to date (\$):			
Contact Name Telephone Number Fax Number			
X Authorized Signature Date			