



Transfer Authorization for Registered Investments – RRSP, LIRA, LRSP, RRIF, LRIF, LIF, RLIF, RLSP, PRIF, TFSA

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 or RRSP transfers, (4) transfers due to death, and (5) transfers due to marital breakdowns.

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.

What are you doing after work?

A: Client Information

Account/Policy Holder Last Name _____ First Name _____ Initial(s) _____

Address _____ City _____ Province _____ Postal Code _____

_____ () _____ () _____

Social Insurance Number _____ Date of Birth YYYY/MM/DD () _____ Home Telephone _____ Business Telephone _____ E-mail Address _____

B: Receiving Institution Information

AGF Investments Inc. (as agent for AGF Trust Company) New accounts require an AGF application form.
 c/o 2920 Matheson Blvd. East Mississauga, Ontario L4W 5J4 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 _____

Registered Type: RRSP Spousal RRSP LIRA LRSP RRIF Spousal RRIF LRIF LIF RLIF RLSP PRIF TFSA

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 AGF Trust Company, 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).

_____ YYYY/MM/DD
 Authorized Signature Date

Dealer Information

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)
 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 attached list

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

Signature of Account Holder YYYY/MM/DD Date _____ Signature of Irrevocable Beneficiary/Former Spouse (if applicable) YYYY/MM/DD Date _____

(For locked-in plans) Spouse: I consent to the transfer of the account. _____ YYYY/MM/DD Date _____

E: For Use by Relinquishing Institution Only

Registered Type: RRSP LIRA LRSP RLIF RRIF: Qualified LIF: Old LIF (if applicable) LRIF RLSP PRIF TFSA Non Qualified New LIF (if applicable)

Spousal Plan: No Yes – if yes, please complete name and Social Insurance Number information below: _____ In existence since YYYY/MM/DD Date _____

Spouse's Last Name _____ First Name _____ Initial(s) _____ Spouse's Social Insurance Number _____

Locked In: No Yes _____ Locked-In Funds _____

If spousal waiver/consent form attached, check here: _____ Governing Legislation _____

Current year's investment earnings to date (\$): _____

The default is "unisex", if sex-distinct, check here:

_____ () _____ () _____

Contact Name _____ Telephone Number _____ Fax Number _____

_____ YYYY/MM/DD _____

Authorized Signature _____ Date _____