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HARMONY
INTELLIGENT INVESTING

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.*

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 ( ) ____ Your E-mail Address ____

B: Receiving Institution Information

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

Harmony Client Services:
Toll-free: 1 800 387-2563 Local: 905 214-8204 Fax: 1 800 268-2120

Group Plan Number (if applicable) ____ Harmony Account Number ____

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

Investment Selection:

Pool/Portfolio Name (Please see **AGF.com** for the latest fund names and codes.)	**Pool/Portfolio Number**	**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).

Authorized Signature ____ Date YYYY/MM/DD ____

Dealer Information

Dealer Name ____ Representative 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

Check here if attaching list: ☐

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

	Investments Amount	**Symbol and/or Certificate Number or Policy Number**	**Investment Description**
☐ In kind ☐ In cash ☐ Shares/units ☐ Dollars			
☐ In kind ☐ In cash ☐ Shares/units ☐ 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 ____ Signature of Account Holder — Date YYYY/MM/DD ____ — Signature of Irrevocable Beneficiary/Former Spouse (if applicable) ____ Date YYYY/MM/DD ____

(For locked-in plans) Spouse: I consent to the transfer of the account. ____ Signature of Spouse (if applicable) — Date YYYY/MM/DD ____

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)** **In existence since** YYYY/MM/DD ____ Date

Spousal Plan: ☐ **No** ☐ **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: ☐ **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 ( ) ____

X ____ Authorized Signature — Date YYYY/MM/DD ____

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