

**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 \_\_\_\_\_ Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_ Your E-mail Address \_\_\_\_\_

**B:  
RECEIVING  
INSTITUTION  
INFORMATION**

**AGF Investments Inc. (as agent for B2B Trustco) New accounts require a Harmony application form.**

55 Standish Court, Suite 1050 Mississauga Ontario L5R 0G3  
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  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 B2B Trustco, 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
<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** \_\_\_\_\_ (YYYY/MM/DD) \_\_\_\_\_ (YYYY/MM/DD) \_\_\_\_\_  
Signature of Account Holder \_\_\_\_\_ Date \_\_\_\_\_ Signature of Irrevocable Beneficiary/Former Spouse (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

(For locked-in plans) Spouse: I consent to the transfer of the account. \_\_\_\_\_ (YYYY/MM/DD) \_\_\_\_\_  
Signature of Spouse (if applicable) \_\_\_\_\_ 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) 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:  \_\_\_\_\_  
Current year's investment earnings to date (\$): \_\_\_\_\_  
The default is "unisex", if sex-distinct, check here:

\_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Contact Name \_\_\_\_\_ Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
**X** \_\_\_\_\_ (YYYY/MM/DD) \_\_\_\_\_  
Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_