Transfer Authorization for Registered Investments

(RSP, LIRA, LRSP, RIF, LRIF, LIF)

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 IDENTIFICATION

Account/Policy Holder Last Name ▼ | First Name ▼ | Initial ▼

Address (Street, Apt., City, Province, Postal Code) ▼

Social Insurance Number ▼ | Home Telephone Number ▼ ( ) | Business Telephone Number ▼ ( )

B. RECEIVING INSTITUTION INFORMATION

Fidelity Investments Canada ULC
483 Bay Street, Suite 200
Toronto, Ontario M5G 2N7
Client Services: 1 800 263-4077
Fax: 1 800 387-8092

Client Account ▼ | Group Plan Number (if applicable) ▼ | Wire Order Number (if applicable) ▼

Dealer Number ▼ | Agent Number ▼ | Dealer Name ▼ | Agent Name ▼

Dealer Account Number ▼ | Business Telephone Number ▼ ( ) | Business Fax Number ▼ ( )

REGISTERED TYPE:

☐ RRSP ☐ RRIF
☐ Spousal RRSP ☐ Spousal RRIF
☐ LIRA ☐ LRIF
☐ LRSP ☐ LIF

INVESTMENT INSTRUCTIONS:

Fund Name	Fund #	Indicate Amount ($ or %)	Sales Charge %

COMMISSION REBATE:

Fund Name	Fund #	Indicate Amount ($ or %)

C. CLIENT DIRECTION TO RELINQUISHING INSTITUTION

Relinquishing Institution Name ▼ | Client Account/Policy Number ▼ | Group Plan Number (if applicable) ▼

Address (Street, City, Province, Postal Code) ▼

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.

	Investment Amount ▼	Symbol and/or Certificate Number or Policy Number ▼	Investment Description ▼
☐ In Kind ☐ In Cash			
☐ In Kind ☐ In Cash			

FOR USE BY RELINQUISHING INSTITUTION

Delay Delivery Until ▼ D D / M M / Y Y Y Y

Delay Delivery Until ▼ D D / M M / Y Y Y Y

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 ▼ | Date ▼ D D / M M / Y Y Y Y

Irrevocable Beneficiary: I consent to the transfer of the account.
Signature of Irrevocable Beneficiary (if applicable) ▼ | Date ▼ D D / M M / Y Y Y Y

E. FOR USE BY RELINQUISHING INSTITUTION ONLY

Registered Type: ☐ RRSP ☐ LIRA ☐ LRSP ☐ **RRIF:** ☐ Qualified ☐ Non Qualified ☐ LRIF ☐ LIF **Spousal Plan:** ☐ No ☐ Yes – if yes, complete the following information

Last Name ▼ | First Name ▼ | Initial ▼ | Social Insurance Number ▼ – –

Locked In: ▼ ☐ No ☐ Yes (Attach Locked-In confirmation) | Locked-In Funds ▼ $ | Governing Legislation ▼

Contact Name ▼ | Telephone Number ▼ | Fax Number ▼

Authorized Signature ▼ | Date ▼ D D / M M / Y Y Y Y

PRINT RESET

63.102178E OPR-7913