

# 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 to ensure completeness, accuracy and machine readability.

## A: Client Identification

Account/Policy Holder Last Name		First Name	Init.
Address			
City		Prov.	Postal Code
Social Insurance Number	Home Telephone Number [ ]	Business Telephone Number [ ]	

## B: Receiving Institution Information

Receiving Institution Name <b>MACKENZIE FINANCIAL CORPORATION - (AS AGENTS FOR M.R.S. TRUST COMPANY)</b>			
Address <b>150 BLOOR STREET WEST, SUITE M111</b>			
City <b>TORONTO</b>		Prov. <b>ON</b>	Postal Code <b>M5S 3B5</b>
Contact Name <b>REGISTERED PLANS DEPARTMENT</b>	Telephone Number [ 416 ] <b>922-0825</b>	Fax Number [ 416 ] <b>922-0948</b>	
Group Plan Number (if applicable)	Client Account/Policy Number		
Dealer Name			Dealer Number
Agent Name			Agent Number
Business Telephone Number [ ]	Business Fax Number [ ]	Dealer Account Number	

For use by Mutual Fund Brokers/Dealers only

### Investment Instructions:

Registered Type:

- RRSP     RRIF  
 Spousal RRSP     Spousal RRIF  
 LIRA     LRIF  
 LRSP     LIF  
 RPP     GRSP

Investment Name	Fund or STAR Portfolio Number	Acquisition Fee Front End Load	(\$ or %) Amount
			\$ %
			\$ %
			\$ %

## C: Client Direction to Relinquishing Institution

Relinquishing Institution Name			
Address			
City		Prov.	Postal Code
Group Plan Number (if applicable)	Client Account/Policy Number		

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.**

In Kind <input type="checkbox"/>	In Cash <input type="checkbox"/>	Investment Amount	Fund and/or Certificate Number or Policy Number
Shares/Units <input type="checkbox"/>	Dollars <input type="checkbox"/>	Investment Description	
In Kind <input type="checkbox"/>	In Cash <input type="checkbox"/>	Investment Amount	Fund and/or Certificate Number or Policy Number
Shares/Units <input type="checkbox"/>	Dollars <input type="checkbox"/>	Investment Description	
In Kind <input type="checkbox"/>	In Cash <input type="checkbox"/>	Investment Amount	Fund and/or Certificate Number or Policy Number
Shares/Units <input type="checkbox"/>	Dollars <input type="checkbox"/>	Investment Description	

## 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 <b>X</b>	Date	Irrevocable Beneficiary: I consent to the transfer of the account. Signature of Irrevocable Beneficiary (if applicable) <b>X</b>	Date
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## E: For Use By Relinquishing Institution Only

Registered Type:	<input type="checkbox"/> RRSP <input type="checkbox"/> LIRA <input type="checkbox"/> LRSP <input type="checkbox"/> RRIF: <input type="checkbox"/> Qualified <input type="checkbox"/> Non Qualified	<input type="checkbox"/> LRIF <input type="checkbox"/> LIF <input type="checkbox"/> GRSP
Spousal Plan:	<input type="checkbox"/> No <input type="checkbox"/> Yes - if yes, complete the following contributor's information	
	Last Name	First Name    Social Insurance Number
Locked In:	Amount Transferred	Indicate Locked-In Amount Transferred
<input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, attach Locked-In information	\$	\$
Contact Name	Telephone Number	Fax Number
Authorized Signature	Date	
	D   D   M   M   Y   Y   Y   Y	