



TRANSFER AUTHORIZATION FOR REGISTERED INVESTMENTS (RSP, LRSP, LIRA, RIF, LIF)

This form can be used for RSP to RSP transfers (except for transfers due to death or divorce), 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, Initials, Address, City, Province, Postal Code, Social Insurance Number, Home Telephone Number, Business Telephone Number.

Please indicate product type (select one): [] Standard Life Mutual Funds [] Segregated Funds - Ideal Series

B: Receiving Institution Information. Receiving Institution Name (Standard Life), Address (1245 Sherbrooke St. West, 12th Floor), City (Montreal), Province (QC), Postal Code (H3G 1G3), Telephone Number, Fax Number, Client Account/Policy Number, Dealer Name, Dealer Number, Representative Name, Rep. Number, Business Telephone Number, Business Fax Number, Dealer Account Number.

SLMF - Legend & E-Series, SLMF A & O Series, Ideal Series

For use by Mutual Fund Brokers/Dealers only

Registered Type: [] RRSP [] Spousal RRSP [] LIRA [] LRSP [] RRIF [] Spousal RRIF [] LIF

Table with 4 columns: INVESTMENT NAME, FUND NUMBER, % / \$ AMOUNT, SALES CHARGE % (FRONT END). Multiple rows for listing investments.

C: Client Direction to Relinquishing Institution. Relinquishing Institution Name, Address, City, Province, 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 attached list * Please refer to statement in bold in Client Authorization section below.

Table for investment details with columns for In Kind, In Cash, Shares/Unit, Dollars, Investment Amount, Fund No. and/or Certificate No. or Policy No., Investment Description, and Delay Delivery Until (D D M M 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, Irrevocable Beneficiary: I consent to the transfer of the account. Signature of Irrevocable Beneficiary (if applicable), Date.

E: For Use By Relinquishing Institution Only. Registered Type: [] RRSP [] LIRA [] LRSP [] RRIF: _Qualified _Non Qualified [] LRIF [] LIF [] Group RRSP [] RESP. Spousal plan: [] NO [] YES - if yes, Last Name, First Name, Initials, Social Insurance Number, Locked-In, Locked-in Funds, Governing Pension Legislation, Locked-In Confirmation Attached, Contact Name, Telephone Number, Fax Number, Authorized Signature, Date.