

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.

1. CLIENT IDENTIFICATION

MR. MRS. MISS MS DR. **LANGUAGE PREFERENCE:** ENGLISH FRENCH

FIRST NAME AND INITIALS SURNAME

ADDRESS

CITY PROVINCE POSTAL CODE

HOME TELEPHONE BUSINESS TELEPHONE

SOCIAL INSURANCE NUMBER (MANDATORY/REQUIRED BY CRA) DATE OF BIRTH (MANDATORY)
DAY MONTH YEAR

2. RECEIVING INSTITUTION INFORMATION

DYNAMIC MUTUAL FUNDS AS AGENT FOR THE CANADA TRUST COMPANY (formerly TD Trust Company)
55th Floor, Scotia Plaza, 40 King Street West, Toronto, Ontario M5H 4A9, Telephone: 416.365.5100, Toll Free: 1.800.268.8186, Fax Number: 416.363.4179

GROUP PLAN NUMBER (if applicable) CLIENT ACCOUNT NUMBER

DEALER NAME DEALER NUMBER

AGENT NAME AGENT NUMBER

BUSINESS TELEPHONE BUSINESS FAX

DEALER ACCOUNT NUMBER

FOR USE BY
MUTUAL FUND
BROKERS/DEALERS
ONLY

REGISTERED TYPE: RRSPP GRSP SPOUSAL RRSPP LRSP LIRA RRIF SPOUSAL RRIF LRIF LIF PRIF

INVESTMENT INSTRUCTIONS

AS PER THE
DYNAMIC
APPLICATION
FORM

FUND NAME	FUND NUMBER	SALES CHARGE (Front Load Purchases Only)	AMOUNT <input type="checkbox"/> \$ <input type="checkbox"/> %
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If a new account is to be opened, please attach a Dynamic application form.

3. CLIENT DIRECTION TO RELINQUISHING INSTITUTION

RELINQUISHING INSTITUTION NAME

ADDRESS

CITY PROVINCE POSTAL CODE

GROUP PLAN NUMBER (if applicable) CLIENT ACCOUNT 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 on attached list) PARTIAL* (as listed below or on attached list)

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

IN KIND	IN CASH	INVESTMENTS AMOUNT	SYMBOL AND/OR CERTIFICATE NUMBER OR POLICY NUMBER	DELAY DELIVERY UNTIL	FOR USE BY RELINQUISHING INSTITUTION
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DAY MONTH YEAR
SHARES/UNIT	DOLLARS	INVESTMENT DESCRIPTION			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DAY MONTH YEAR
SHARES/UNIT	DOLLARS	INVESTMENT DESCRIPTION			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DAY MONTH YEAR
SHARES/UNIT	DOLLARS	INVESTMENT DESCRIPTION			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DAY MONTH YEAR
SHARES/UNIT	DOLLARS	INVESTMENT DESCRIPTION			

4. 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 DAY MONTH YEAR

Irrevocable beneficiary: I consent to the transfer of the account.

SIGNATURE OF IRREVOCABLE BENEFICIARY (if applicable) DAY MONTH YEAR

5. FOR USE BY RELINQUISHING INSTITUTION ONLY

REGISTERED TYPE: RRSPP GRSP LIRA LRSP RRIF: QUALIFIED NON QUALIFIED LRIF LIF PRIF OTHER

SPOUSAL PLAN: NO YES - IF YES, COMPLETE THE FOLLOWING SPOUSAL INFORMATION:

SPOUSAL INFORMATION

FIRST NAME & INITIALS SURNAME

SOCIAL INSURANCE NUMBER (MANDATORY/REQUIRED BY CRA) DATE OF BIRTH (MANDATORY)
DAY MONTH YEAR

LOCKED-IN INFORMATION - LOCKED-IN CONFIRMATION ATTACHED

LOCKED-IN FUNDS \$ GOVERNING LEGISLATION

CONTACT NAME

TELEPHONE NUMBER FAX NUMBER

AUTHORIZED SIGNATURE DAY MONTH YEAR