



TRANSFER AUTHORIZATION FOR REGISTERED INVESTMENTS

(RSP, LIRA, LRSP, RIF, LRIF, LIF, TFSA and others)

This form may be used for RSP to RSP transfers.

A Client Identification

Account Holder's Last Name		First Name		Initial(s)
Address				
City		Province	Postal Code	
Social Insurance Number	Home Telephone No.		Business Telephone No.	

B Receiving Institution Information

Account No.	Receiving Institution Name Laurentian Bank Discount Brokerage				
Address 1360 René-Lévesque Boulevard West, Transit 670, Suite 620					
City Montréal		Province Quebec	Postal Code H3G 0E8		
Telephone 514-908-2528		Toll Free No. 1-877-908-2528		Fax 514-284-9704	
Type of Registered Investment	<input type="checkbox"/> RRSP <input type="checkbox"/> Spousal RRSP	<input type="checkbox"/> RRIF <input type="checkbox"/> Spousal RRIF	<input type="checkbox"/> LIRA <input type="checkbox"/> LRSP	<input type="checkbox"/> LIF <input type="checkbox"/> LRIF	<input type="checkbox"/> TFSA <input type="checkbox"/> Other

C Client's Instructions to Relinquishing Institution

Account No.	Relinquishing Institution Name				
Address					
City		Province	Postal Code		
Agent's Name		Telephone			
Type of Registered Investment	<input type="checkbox"/> RRSP <input type="checkbox"/> Spousal RRSP	<input type="checkbox"/> RRIF <input type="checkbox"/> Spousal RRIF	<input type="checkbox"/> LIRA <input type="checkbox"/> LRSP	<input type="checkbox"/> LIF <input type="checkbox"/> LRIF	<input type="checkbox"/> TFSA <input type="checkbox"/> Other
<input type="checkbox"/> Transfer in Cash	Investment Amount	Symbol and/or Certificate No.	Investment Description		
<input type="checkbox"/> Partial <input type="checkbox"/> Total					
<input type="checkbox"/> Transfer in Kind	Investment Amount	Symbol and/or Certificate No.	Investment Description		
<input type="checkbox"/> Partial <input type="checkbox"/> Total					

D Client Authorization

I hereby request the transfer of my account and related 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. I ENCLOSE A COPY OF MY MOST RECENT STATEMENT.

Signature of Account Holder	Date (yyyy/mm/dd)	Signature of Irrevocable Beneficiary (if applicable). I consent to the transfer of the account.	Date (yyyy/mm/dd)
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E For Use by Relinquishing Institution

Type of Registered Investment	<input type="checkbox"/> RRSP <input type="checkbox"/> Spousal RRSP	<input type="checkbox"/> RRIF <input type="checkbox"/> Spousal RRIF	<input type="checkbox"/> LIRA <input type="checkbox"/> LRSP	<input type="checkbox"/> LIF <input type="checkbox"/> LRIF	<input type="checkbox"/> TFSA <input type="checkbox"/> Other
Spousal Plan?	Last Name		First Name	Spouse's SIN	
<input type="checkbox"/> No <input type="checkbox"/> Yes If so, specify:					
Locked-in?	Locked-in Funds		Governing Legislation		
<input type="checkbox"/> No <input type="checkbox"/> Yes If so, specify:	\$				
Does the transferor's RRIF qualify (before January 1, 1993)?					
<input type="checkbox"/> No (after January 1, 1993)		<input type="checkbox"/> Yes (before January 1, 1993)			
Contact's Name			Telephone		
Authorized Signature				Date (YYYY/MM/DD)	