

Transfer Authorization for Registered and Non-registered Investments

(RRSP, LIRA, LRSP, RRIF, LRIF, LIF, RLIF, RLSP, PRIF, TFSA, Non-registered)

This form can be used for transferring the registered plans listed above, **except** RRIF to RRSP transfers, RRIF or RRSP to TFSA transfers, TFSA to RRIF or RRSP transfers, transfers due to death and transfers due to marital breakdowns.

The information on this form can be digitized and stored electronically. Please write legibly in capital letters and make sure that the information provided is complete, accurate and can be read electronically.

Note: You do not have to use this form. If, as the transferor, you provide the transferee with the information required to correctly complete the transfer (e.g., funds are from a locked-in plan, a spousal plan, or a qualifying RRIF), you can use the method of documentation of your choice.

IMPORTANT

You must:

- Print 4 copies of this form
- Send the original copy to the relinquishing institution
- Send a copy to your service center (Quebec, Vancouver or Toronto)
- Give a copy to the client
- Keep a copy for your files

SECTION A

Client identification

Policyholder's last name / Account _____ First name and Initials _____

Social Insurance Number _____ Telephone number _____

Address _____ City _____ Province _____ Postal code _____

SECTION B

Receiving institution information

Please, make the cheque to or order of: **Industrial Alliance Insurance and Financial Services Inc.**
 Industrial Alliance Pacific Insurance and Financial Services Inc.

Send the cheque to:

<input type="checkbox"/> Customer Service (IRS2525) 1080 Grande Allée West PO Box 1907, Station Terminus Quebec City, QC G1K 7M3 Telephone: 1 888 519-5155	<input type="checkbox"/> Customer Service (IRO2519) 522 University Avenue Toronto, ON M5G 1Y7 Telephone: 416 585-8880	<input type="checkbox"/> Customer Service 2165 Broadway West PO Box 5900 Vancouver BC V6B 5H6 Telephone: 604 734-1667
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OR to the agency, to the following address:

Address _____ City _____ Province _____ Postal code _____

Agent name _____ Agent code _____ Agency code _____

Client contract number _____

Registration type:

- | | | |
|---|---|--|
| <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"/> Locked-in RSP |
| <input type="checkbox"/> Life annuity | <input type="checkbox"/> Prescribed RIF | <input type="checkbox"/> RLIF |
| <input type="checkbox"/> RLSP | <input type="checkbox"/> TFSA | <input type="checkbox"/> LIF |
| <input type="checkbox"/> Non registered | | |

Please attach F17A or F17A-P application or investment instructions (F51-153A-1) with the copy of this form sent to you service center or indicate investment instructions below if the account is already issued:

Fund number	\$ or %	Fund number	\$ or %

Locked-in confirmation

Industrial Alliance Insurance and Financial Services Inc. or Industrial Alliance Pacific Insurance and Financial Services Inc.

as agents for _____ (client name), acknowledge that all locked-in funds from the registered plan noted in the Client's instruction to relinquishing institution section below will be transferred to the registered plan type noted and will continue to be administered in accordance with the governing pension legislation or contractual conditional of _____ (indicate applicable legislation) (if jurisdiction = Ontario, specify, old plan (contract issued before January 1, 2008) new plan (contract issued on or after January 1, 2008). Any subsequent transfer of these locked-in funds to another trustee or financial institution will be made only to another registered plan, which must continue to be administered in accordance with legislation of the jurisdiction noted above. No transfer of locked-in funds will be permitted unless the receiving plan is appropriately registered and in compliance with the applicable pension legislation, regulations and the *Income Tax Act* (Canada) and appears on the Superintendent's List of Financial Institutions authorized to administer funds in the jurisdiction noted above (if applicable).

Authorized signature

Agent Last name _____ Agent First name _____

Authorized signature (Signature of the agent) _____ Date _____

SECTION C

Client's instructions to relinquishing institution

Relinquishing institution's name _____

Address _____ City _____ Province _____ Postal code _____

Client policy number _____ Group plan number (if applicable) _____

Transfer: (check one box only) All, in cash* Partial, in cash - as listed below or on attached list*.

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

Investment amount	Certificate number/policy number	Investment description

SECTION D

Client authorization

I hereby request the transfer of my account and its investments as described above.

I have requested a transfer in cash, and I therefore authorize the liquidation of all or part of my investments and agree to pay any applicable fees, charges or adjustments to the relinquishing institution.

Signature of policyholder _____ Date _____

Signature of irrevocable beneficiary (if applicable), Irrevocable beneficiary: I consent to the transfer of the account _____ Date _____

SECTION E

For use by relinquishing institution only

Registration type:

<input type="checkbox"/> RRSP*	<input type="checkbox"/> RRIF* →	<input type="checkbox"/> Qualified	<input type="checkbox"/> Non qualified
<input type="checkbox"/> LIRA	<input type="checkbox"/> Locked-in RSP	<input type="checkbox"/> RLIF	
<input type="checkbox"/> Prescribed RIF	<input type="checkbox"/> LIF	<input type="checkbox"/> RLSP	
<input type="checkbox"/> TFSA	<input type="checkbox"/> Non registered		

Locked-in Funds: No Yes. If yes, specify:
Locked-In Funds amount _____ Applicable legislation _____

*Spousal Plan: No Yes. If yes:

Spouse's Social Insurance Number _____ Spouse's last name _____ First name and initials _____

- The default is "Unisex;" if sex-distinct, check here
- If spouse waiver/consent form attached, check here

Contact name _____ Telephone number _____ Fax number _____

Authorized signature _____ Date _____