

Transfer Authorization for Registered Investments

(RSP, LIRA, LRSP, RLSP, RIF, LRIF, LIF, RLIF, TFSA)

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.

A: Client Identification

Account/Policy Holder Last Name: SMITH, First Name: JOHN, Address: 123 FABRICATED AVE, City: OTTAWA, Prov: ON, Postal Code: N1B2G7, Social Insurance Number: 1 1 1 - 1 1 1 - 1 1 8, Home Telephone Number: (613) 123-4567, Business Telephone Number: []

B: Receiving Institution Information

BMO Life Assurance Company, BMO GIF Administrative and Services Office, 250 Yonge St., 8th Floor, Toronto, ON M5B 2M8, Telephone: 1-855-639-3867, Fax: 1-855-747-5613, Email: documents.bmolifegif@bmo.com, A COMPLETED APPLICATION IS REQUIRED TO OPEN A NEW REGISTERED PLAN - APPLICATION ATTACHED [X] YES [] NO, Client Account/Policy Number: 90000000, Dealer Name: JOHN DOE ADVISORS INC, Dealer Number: 1111, Agent Name: JOHN DOE, Agent Number: 2222, Agent Telephone Number: (555) 555-5555, Agent Fax Number: [], Dealer Account Number: []

For use by Brokers/Dealers only

Registered Type:

- [X] RRSP [] RRIF [] TFSA, [] Spousal RRSP [] Spousal RRIF, [] LIRA [] LRSP [] RLSP, [] LIF [] LRIF [] RLIF

Governing Province/Federal: []

Investment Instructions:

Table with 3 columns: Fund Name, Fund Code, % or \$. Row 1: US BALANCED GROWTH, BLA101, \$50,000

C: Client Direction to Relinquishing Institution

Relinquishing Institution Name: MADEUP INVESTMENTS, Address: 123 VOLATILITY WAY, City: TORONTO, Prov: ON, Postal Code: M3C2B8, Client Account/Policy Number: 123456789

Transfer: (check one box only) Please convert all USD cash to CAD prior to transfer. [X] 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.

Please make cheque payable to: BMO Life Assurance Company

Table with 4 columns: In Kind/In Cash, Shares/Units/Dollars, Investment Amount, Symbol and/or Certificate Number or Policy Number, Investment Description

FOR USE BY RELINQUISHING INSTITUTION, Delay Delivery Until DD/MMM/YYYY

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: X, Date: DD/MMM/YYYY, Irrevocable Beneficiary: X, Date: DD/MMM/YYYY

E: For Use By Relinquishing Institution Only

Registered Type: [] RRSP [] TFSA [] LIRA [] LRSP [] RLSP [] LRIF [] LIF [] RLIF [] RRIF [] Qualified [] Non Qualified, Spousal Plan: [] No [] Yes - if yes: Last Name: [], First Name: [], Init: [], Social Insurance Number: [], Locked in: [] No [] Yes - confirmation attached, Locked-In Funds: \$, Governing Legislation: [], One-time unlocking option has been exercised: [] Yes [] No, Contact Name: [], Telephone Number: [], Fax Number: [], Authorized Signature: X, Date: DD/MMM/YYYY