

**Transfer Authorization for Registered and Non-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, RIF to RIF transfers and Non-Registered 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 or Name of Corporation, Trust or Non-individual owner \_\_\_\_\_ First Name \_\_\_\_\_ Init. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Social Insurance Number \_\_\_\_\_ Home Telephone Number \_\_\_\_\_ Business Telephone Number \_\_\_\_\_

If Applicable Joint Owner Last Name \_\_\_\_\_ Joint Owner First Name \_\_\_\_\_ Init. \_\_\_\_\_ Social Insurance Number \_\_\_\_\_

**B: Receiving Institution Information**

**GIF BMO Life Assurance Company**  
 BMO GIF Administrative and Services Office:  
 250 Yonge St., 8th Floor, Toronto, ON M5B 2M8  
 1-855-639-3867 • Fax 1-855-747-5613  
 Email: [documents.bmolifegif@bmo.com](mailto:documents.bmolifegif@bmo.com)  
 Email only available for TLS approved partners.  
 Call your MGA back-office for more information.

**Annuity BMO Life Assurance Company**  
 Attention: Annuity Team  
 60 Yonge St., Toronto, ON M5E 1H5  
 1-866-382-7401 • Fax 1-866-716-8999  
 Email: [Insurance.Annuities@bmo.com](mailto:Insurance.Annuities@bmo.com)  
 Email only available for TLS approved partners.  
 Call your MGA back-office for more information.

A completed application is required to open a new Registered / Non Registered Plan. Application Attached  Yes  No

Client Account/Policy Number \_\_\_\_\_

Dealer/Distributor Name \_\_\_\_\_ Dealer/Distributor Number \_\_\_\_\_

Advisor Name \_\_\_\_\_ Advisor Number \_\_\_\_\_

Advisor Telephone Number \_\_\_\_\_ Advisor Fax Number \_\_\_\_\_ Dealer/Distributor Account Number \_\_\_\_\_

Product Type:  Guaranteed Investment Fund (GIF)  Payout Annuity

Registered Type:  
 Non-Registered  
 RRSP  RRIF  TFSA  
 Spousal RRSP  Spousal RRIF  
 LIRA  LRSP  RLSP  
 LIF  LRIF  RLIF

Governing Province/Federal: \_\_\_\_\_

**Investment Instructions:**

Investment Name	Fund Code (if applicable)	%/ \$ Amount

**C: Client Direction to Relinquishing Institution**

Relinquishing Institution Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Client Account/Policy Number \_\_\_\_\_

Transfer: (check one box only). Please convert all USD cash to CAD prior to transfer.  
 All in Cash<sup>1</sup>  All as is (in Kind)<sup>2</sup>  All assets<sup>1</sup>, but mixed in Cash and as is (in Kind)<sup>2</sup>, see list below or attached list  Partial<sup>1</sup>, as listed below or on attached list

<sup>1</sup> Please refer to statement in bold in Client Authorization section below. <sup>2</sup> In Kind is applicable to BMO GIF only

Please make cheque payable to: **BMO Life Assurance Company**

In Kind	In Cash	Investment Amount	Symbol and/or Certificate Number or Policy Number	FOR USE BY RELINQUISHING INSTITUTION Delay Delivery Until
<input type="checkbox"/>	<input type="checkbox"/>			
Shares/Units	Dollars	Investment Description		
<input type="checkbox"/>	<input type="checkbox"/>			
Shares/Units	Dollars	Investment Description		
<input type="checkbox"/>	<input type="checkbox"/>			
Shares/Units	Dollars	Investment Description		
<input type="checkbox"/>	<input type="checkbox"/>			
Shares/Units	Dollars	Investment Description		

**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 (dd/mmm/yyyy) \_\_\_\_\_ Irrevocable Beneficiary: I consent to the transfer of the account.  
 X \_\_\_\_\_ Signature of Irrevocable Beneficiary (if applicable) \_\_\_\_\_

Signature of Joint Account Holder (if applicable) \_\_\_\_\_ Date (dd/mmm/yyyy) \_\_\_\_\_ Date (dd/mmm/yyyy) \_\_\_\_\_  
 X \_\_\_\_\_ X \_\_\_\_\_

**E: For Use By Relinquishing Institution Only**

Registered Type:  Non-Registered  RRSP  TFSA  LIRA  LRSP  RLSP  LIF  LRIF  RLIF  
 RRIF  Qualified  Non Qualified

Spousal Plan:  No  Yes - provide the following details about the spousal contributor.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Init. \_\_\_\_\_ Social Insurance Number \_\_\_\_\_

Locked in:  No  Yes- Locked in confirmation attached \$ \_\_\_\_\_ Governing Legislation \_\_\_\_\_

Provide the Sex-distinct and Unisex amounts. The default is 100% Unisex if not completed.  
 Sex-distinct amount \$ \_\_\_\_\_ Unisex amount \$ \_\_\_\_\_

One-time unlocking option has been exercised (GIF only).  No  Yes - provide date and reason for unlocking

Date (dd/mmm/yyyy) \_\_\_\_\_ Reason for unlocking \_\_\_\_\_

Contact Name \_\_\_\_\_ Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date (dd/mmm/yyyy) \_\_\_\_\_  
 X \_\_\_\_\_