

Transfer Authorization for Registered and Non-Registered Investments

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

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
Primary Telephone Number
Business Telephone Number
If Applicable
Joint Owner Last Name
Joint Owner First Name
Init.
Social Insurance Number

B: Receiving Institution Information
Select one address
GIF BMO Life Assurance Company
Annuity BMO Life Assurance Company
BMO GIF Administrative and Services Office:
250 Yonge St., 9th Floor, Toronto, ON M5B 2L7
1-855-639-3867 • Fax 1-855-747-5613
Email: documents.bmolifegif@bmo.com
Attention: Annuity Team
250 Yonge St., 9th Floor, Toronto, ON M5B 2L7
1-866-382-7401 • Fax 1-866-716-8999
Email: 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 has been submitted. 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) Income Annuity
Registered Type: Non-Registered RRSP RRIF TFSA Spousal RRSP Spousal RRIF LIRA LRSP RLSP LIF LRIF RLIF
Investment Instructions:
Investment Name Fund Code (if applicable) %/\$ Amount
Governing Province/Federal:

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 All as is (in Kind) All assets, but mixed in Cash and as is (in Kind) Partial, as listed below or on attached list
Important: FundServ's "ASM" service is available for GIF only. Contact: Insurance.Annuities@BMO.com to wire transfer funds for an Income Annuity. Please make cheques payable to: BMO Life Assurance Company.
FOR USE BY RELINQUISHING INSTITUTION
Delay Delivery Until

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.
Signature of Irrevocable Beneficiary (if applicable) Date (dd/mmm/yyyy)
Signature of Joint Account Holder (if applicable) Date (dd/mmm/yyyy)

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
Locked-In Funds \$ Governing Legislation
Provide the Sex-distinct and Unisex amounts. Sex-distinct amount \$ Unisex amount \$
The default is 100% Unisex if not completed.
Tax form issued. An offsetting receipt is required.
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)