

Transfer Authorization for Registered and Non-Registered Investments

Insurance

(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.

Α -	A 1/D . l' 11 . 1 . 1		. (O		. Let M				Jane 1
A:	Account/Policy Holds	er Last Name or Name	of Corporation, Trust or No	on-individual owner	First Name				Init.
Client Identification	Address				City		Prov.	Postal Code	
identification			T						
	Social Insurance Nu	mber	Home Telephone Number	er	Business Telephone N	lumber	1		
If Applicable	Joint Owner Last Na	me	Joint O	wner First Name		Init. So	l cial Insuran	ice Number	
B: Receiving Institution Information Select one address	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 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 Client Account/Policy Number							n ON M5E 1H5 1-866-716-8999 es@bmo.com TLS approved part e for more inform	ners.
	Dealer/Distributor Name						Dea	aler/Distributor Number	I
For use by Brokers/Dealers	Advisor Name						Adv	visor Number	
only	Addison Talanhana Numban			Dealer/Distributes Assessed Number					
	Advisor Telephone Number		Advisor Fax Number		Dealer/Distributor Account Number				
Product Type:	Guarantee	d Investment Fund	d (GIF)	Payout Annuity				1	
Registered Type:			Instructions:	, ,					
Non-Registered	d	Investment Na			Fund Co		%/\$ Amount		
	RRIF TFSA	\	ine			(if applica	ble)	70/\$ Amount	
	Spousal RRIF								1
	LRSP 🗌 RLSI								
	LRIF RLIF								
Governing Provinc	ce/Federal:	\neg							
C:	Relinquishing Institut	ion Name							
Client	Address				City		Prov.	Postal Code	
Direction to Relinquishing									
Institution	Client Account/Policy	y Number	1						
Transfer: (check one box only). Please convert all USD cash to CAD prior to transfer. All in Cash¹ All as is (in Kind)² All assets¹, but mixed in Cash and as is Partial¹, as listed below or (in Kind)², see list below or attached list on attached list Please refer to statement in bold in Client Authorization section below. ² 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	r Certificate Number or F	Policy Number		RELINQUISHING INSTITU Delay Delivery Unti	
	Shares/Units Dollars	Investment Descripti	on						
	In Kind In Cash	In Kind In Cash Investment Amount Symbol at				nd/or Certificate Number or Policy Number			I
	Shares/Units Dollars Investment Description								
			·						
	In Kind In Cash Investment Amount Symbol and/or Certificate Number or Police							Delay Delivery Unti	I
	Shares/Units Dollars								
D: Client	I haraby roomoot								
Authorization	WHERE I HAVE AND AGREE TO	REQUESTED A T	account and its inves FRANSFER IN CASH CABLE FEES, CHAR	, I AUTHORIZI IGES OR ADJU	E THE LIQUIDATION				ENTS
	WHERE I HAVE	REQUESTED A T	TRANSFER IN CASH CABLE FEES, CHAR	, I AUTHORIZI	E THE LIQUIDATIO	iary: I consent t	o the transf	fer of the account.	
	WHERE I HAVE AND AGREE TO Signature of Account X Signature of Joint Ac	REQUESTED A T	TRANSFER IN CASH CABLE FEES, CHAR Date	, I AUTHORIZI IGES OR ADJU	JSTMENTS. Irrevocable Benefic Signature of Irrevoc	iary: I consent t	o the transf	fer of the account.	
Authorization	WHERE I HAVE AND AGREE TO Signature of Account X Signature of Joint Ac X	REQUESTED A 1 PAY ANY APPLI Holder count Holder (if applic	TRANSFER IN CASH CABLE FEES, CHAR Date cable) Date	, I AUTHORIZI GES OR ADJU e (dd/mmm/yyyy) e (dd/mmm/yyyy)	JSTMENTS. Irrevocable Benefic Signature of Irrevoc	iary: I consent t	o the transf y (if applica	fer of the account. lble) Date (dd/mmm/yy	'yy)
Authorization E:	WHERE I HAVE AND AGREE TO Signature of Account X Signature of Joint Ac	REQUESTED A TO PAY ANY APPLICATION OF THE PAY AND APPLICATION OF THE PAY APPLICATION OF T	TRANSFER IN CASH CABLE FEES, CHAR Date cable) Date Pered RRSP	, I AUTHORIZI GES OR ADJU e (dd/mmm/yyyy) e (dd/mmm/yyyy)	JSTMENTS. Irrevocable Benefic Signature of Irrevoc	iary: I consent t	o the transf	fer of the account.	'yy)
E: For Use By Relinquishing Institution	WHERE I HAVE AND AGREE TO Signature of Account X Signature of Joint Ac X	REQUESTED A 1 PAY ANY APPLI Holder count Holder (if applic	CABLE FEES, CHAR Date Cable) Date Cable) Pred RRSP Qualified	, I AUTHORIZI GES OR ADJU e (dd/mmm/yyyy) e (dd/mmm/yyyy) TFSA Non Qualified following detail:	E THE LIQUIDATION JSTMENTS. Irrevocable Benefic Signature of Irrevocable X	iary: I consent the consent th	o the transt y (if applica	fer of the account. lble) Date (dd/mmm/yy	'yy)
E: For Use By Relinquishing Institution Only	WHERE I HAVE AND AGREE TO Signature of Account X Signature of Joint Ac X Registered Type Spousal Plan: Last Name	REQUESTED A T PAY ANY APPLICATION OF THE PAY ANY	Part Cash Cash Cash Cash Cash Cash Cash Cash	, I AUTHORIZI GES OR ADJU e (dd/mmm/yyyy) e (dd/mmm/yyyy) TFSA Non Qualified following detail: me Locked-In Fu	Irrevocable Benefic Signature of Irrevoc	iary: I consent the consent th	o the transi y (if applica LIF	fer of the account. lble) Date (dd/mmm/yy	'yy)
E: For Use By Relinquishing Institution Only	WHERE I HAVE AND AGREE TO Signature of Account X Signature of Joint Ac X Registered Type Spousal Plan: Last Name Locked in: No	REQUESTED A TO PAY ANY APPLICATION OF THE PAY AN	PRANSFER IN CASH CABLE FEES, CHAR Date Cable) Provide RRSP Qualified Prirst Nation Confirmation attached	, I AUTHORIZI GES OR ADJU e (dd/mmm/yyyy) e (dd/mmm/yyyy) TFSA Non Qualified following details me Locked-In Fund	Irrevocable Benefic Signature of Irrevoc	iary: I consent the consent the contributor.	o the transi y (if applica LIF	fer of the account. lble) Date (dd/mmm/yy	'yy)
E: For Use By Relinquishing Institution Only	WHERE I HAVE AND AGREE TO Signature of Account X Signature of Joint Ac X Registered Type Spousal Plan: Last Name	REQUESTED A 1 PAY ANY APPLIE Holder Count Holder (if applie RRIF No Yes- Locked stinct and Unisex am	PRANSFER IN CASH CABLE FEES, CHAR Date Cable) Part of the provided of the pro	, I AUTHORIZI GGES OR ADJU e (dd/mmm/yyyy) e (dd/mmm/yyyy) TFSA Non Qualified following details me Locked-In Fund	Irrevocable Benefic Signature of Irrevoc	iary: I consent the consent the contributor.	o the transi y (if applica LIF	fer of the account. lble) Date (dd/mmm/yy	'yy)
E: For Use By Relinquishing Institution Only	WHERE I HAVE AND AGREE TO Signature of Account X Signature of Joint Ac X Registered Type Spousal Plan: Last Name Locked in: No	REQUESTED A TO PAY ANY APPLICATION OF THE PAY AN	ered RRSP Qualified First Nar in confirmation attached seted.	, I AUTHORIZI GES OR ADJU e (dd/mmm/yyyy) e (dd/mmm/yyyy) TFSA Non Qualified following details me Locked-In Fund d \$	Irrevocable Benefic Signature of	iary: I consent to cable Beneficiar RLSP I contributor. Init. Soc	o the transf y (if applica LIF	fer of the account. lble) Date (dd/mmm/yy	'yy)
E: For Use By Relinquishing Institution Only	WHERE I HAVE AND AGREE TO Signature of Account X Signature of Joint Ac X Registered Type Spousal Plan: Last Name Locked in: No Provide the Sex-des The default is 100%	REQUESTED A TO PAY ANY APPLICATION OF THE PAY AN	ered RRSP Qualified First Nar in confirmation attached seted. Sex-distinct amounts. Sex-	, I AUTHORIZI GES OR ADJU e (dd/mmm/yyyy) e (dd/mmm/yyyy) TFSA Non Qualified following details me Locked-In Fund d \$	E THE LIQUIDATION JSTMENTS. Irrevocable Benefic Signature of Irrevocable Senefic Senefi	iary: I consent to cable Beneficiar RLSP I contributor. Init. Soc	o the transf y (if applica LIF	fer of the account. lble) Date (dd/mmm/yy	'yy)
E: For Use By Relinquishing Institution Only	WHERE I HAVE AND AGREE TO Signature of Account X Signature of Joint Ac X Registered Type Spousal Plan: Last Name Locked in: No Provide the Sex-des The default is 100% One-time unlocking	REQUESTED A TO PAY ANY APPLIED T	ered RRSP Qualified First Nar in confirmation attached seted. Sex-distinct amounts. Sex-	, I AUTHORIZI GES OR ADJU e (dd/mmm/yyyy) e (dd/mmm/yyyy) TFSA Non Qualified following detail: me Locked-In Fund y No Yes	E THE LIQUIDATION JSTMENTS. Irrevocable Benefic Signature of Irrevocable Senefic Senefi	RLSP I contributor. Init. Soc Governing Legis	o the transf y (if applica LIF	fer of the account. ible) Date (dd/mmm/yy	'yy)
E: For Use By Relinquishing Institution Only	WHERE I HAVE AND AGREE TO Signature of Account X Signature of Joint Ac X Registered Type Spousal Plan: Last Name Locked in: No Provide the Sex-des The default is 100% One-time unlocking Date (dd/mmm/yyyy)	REQUESTED A TO PAY ANY APPLIED T	ered RRSP Qualified First Nar in confirmation attached seted. Sex-distinct amounts. Sex-	, I AUTHORIZI GES OR ADJU e (dd/mmm/yyyy) e (dd/mmm/yyyy) TFSA Non Qualified following detail: me Locked-In Fund \$ ount No Yes	Irrevocable Benefic Signature of	RLSP I contributor. Init. Soc Governing Legis	o the transf y (if applica LIF cial Insurance slation	fer of the account. ible) Date (dd/mmm/yy	'yy)