



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

First Name

Init.

Address

City

Prov.

Postal Code

Social Insurance Number

Home Telephone Number

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 (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 PLAN - APPLICATION ATTACHED

☐ YES

☐ NO

Client Account/Policy Number

Dealer Name

Dealer Number

Agent Name

Agent Number

Agent Telephone Number

Agent Fax Number

Dealer Account Number

For use by Brokers/Dealers only

Resgistered Type:

☐ RRSP

☐ RRIF

☐ TFSA

☐ Spousal RRSP

☐ Spousal RRIF

☐ LIRA

☐ LRSP

☐ RLSP

☐ LIF

☐ LRIF

☐ RLIF

Governing Province/Federal:

Investment Instructions:

Fund Name	Fund Code	% or \$

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 cash¹

☐ All as is (in Kind)

☐ All assets¹, but mixed in Cash and as is (in Kind), see list below or attached list

☐ Partial¹ - as listed below or on attached list

¹Please refer to statement in bold in Client Authorization section below.

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

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

Irrevocable Beneficiary: I consent to the transfer of the account.

Date

X

X

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

Date

X

1st Copy – BMO 2nd Copy – Dealer / Agency 3rd Copy – Client

T2033E (2023-04-01)