



PORTLAND
INVESTMENT COUNSEL®

Transfer Authorization for Registered Investments

RRSP, LIRA, LRSP, RRIF, LIF, TFSA

Use this form to transfer the registered plans above except:

1. RRIF to RRSP transfers
2. RRIF or RRSP to TFSA transfers
3. TFSA to RRIF or RRSP transfers
4. Transfers due to death
5. Transfers due to marital breakdowns

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.

STEP 1 – Unitholder Information

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr				
Last Name		First Name		Initials
Address		City	Province	Postal Code
Home Telephone	Business Telephone		E-Mail	
Social Insurance Number		Date of Birth (YYYY / MM / DD)		

STEP 2 – Receiving Institution Information

CIBC Mellon Trust Company 1 York Street, Suite 900 Toronto, ON M5J 0B6 Canada		Cheque Payee: Portland Investment Counsel Inc., In Trust for Funds Account # _____ Client Services Telephone: 1-888-710-4242 Processing Fax: 1-866-816-1662	
Registered Type: <input type="checkbox"/> RRSP <input type="checkbox"/> TFSA <input type="checkbox"/> Spousal RRSP <input type="checkbox"/> LIRA <input type="checkbox"/> LRSP <input type="checkbox"/> RRIF <input type="checkbox"/> Spousal RRIF <input type="checkbox"/> LRIF <input type="checkbox"/> LIF			

Investment Selection

Fund Name	Fund Number	Sales Charge (Front Load Purchases Only)	Investment Amount (\$ or %)

Locked-in Confirmation

Portland Investment Counsel Inc. as agents for CIBC Mellon Trust Company, agrees to administer all locked-in funds transferred under this transfer authorization in accordance with the governing pension legislation indicated in Step "5" below. Any subsequent transfer of these locked-in funds to another Trustee or financial institution will be made only to another registered plan, which must continue to be administered in accordance with legislation of the jurisdiction noted in Step "5" below. No transfer of locked-in funds will be permitted unless the receiving plan is appropriately registered and in compliance with the application pension legislation, regulations and the Income Tax Act (Canada).

Authorized signature _____

Date YYYY / MM / DD _____

DEALER INFORMATION

Dealer Name	Dealer Code	Dealer Account Number
Representative Name	Representative Code	Telephone Number
Email	Fax Number	

STEP 3 – Client Direction to Relinquishing Institution

Relinquishing Institution Name			
Address	City	Province	Postal Code
Client Account/Policy Number			
Transfer: (check one box only): <input type="checkbox"/> All in cash <input type="checkbox"/> All as is (in kind) <input type="checkbox"/> All assets, but mixed in cash and as is (in kind) see list below or attached list. <input type="checkbox"/> Partial - as listed below or attached list <input type="checkbox"/> Check here if attaching list			

	Investments Amount	Symbol and/or Certificate Number or Policy Number	Investment Description
<input type="checkbox"/> In kind <input type="checkbox"/> Shares/units	<input type="checkbox"/> In cash <input type="checkbox"/> Dollars		
<input type="checkbox"/> In kind <input type="checkbox"/> Shares/units	<input type="checkbox"/> In cash <input type="checkbox"/> Dollars		

STEP 4 – 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 YYYY / MM / DD	Signature of Irrevocable Beneficiary (if applicable)	Date YYYY / MM / DD
X		X	
		Signature of Spouse (if applicable)	Date YYYY / MM / DD
(For locked-in plans) Spouse: I consent to the transfer of the account.		X	

STEP 5 – For Use By Relinquishing Institution Only

Registered Type: <input type="checkbox"/> RRSP <input type="checkbox"/> LIRA <input type="checkbox"/> LRSP <input type="checkbox"/> TFSA <input type="checkbox"/> LRIF <input type="checkbox"/> LIF: <input type="checkbox"/> Old LIF (if applicable) <input type="checkbox"/> New LIF (if applicable)		In existence since
Spousal Plan: <input type="checkbox"/> No <input type="checkbox"/> Yes – if Yes, please complete name and Social Insurance Number information below:		
<input type="checkbox"/> RRIF: <input type="checkbox"/> Qualified <input type="checkbox"/> Non Qualified		
Spouse's Last Name	Spouse's First Name	Spouse's Social Insurance Number
Locked In: <input type="checkbox"/> No <input type="checkbox"/> Yes	Locked-in Funds	Governing Legislation
If spousal waiver/consent form attached, check here: <input type="checkbox"/>	Current Year's investment earnings to date (\$):	The default is "unisex", if sex-distinct, check here: <input type="checkbox"/>
Contact Name	Telephone	Fax
Authorized Signature	Date YYYY / MM / DD	
X		

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