

TRANSFER AUTHORIZATION FOR REGISTERED INVESTMENTS (RPP, RRSP, RRIF, LIRA, LRSP, LIF, TFSA*)
A: Client Identification

Name of Policyholder (Last Name, First Name, Initial(s))

Full Address (Street, City, Province, Postal Code)

Social Insurance Number

Res. Telephone No.

Bus. Telephone No. & Extension

B: Receiving Institution Information
The Equitable Life Insurance Company of Canada

Name of Receiving Institution

Advisor/Broker Name & Code

One Westmount Road North, P.O. Box 1603 Stn. Waterloo, Waterloo ON N2J 4C7

Full Address (Street, City, Province, Postal Code)

1 800 668-4095
519 883-7404

Business Telephone No. & Extension

Fax Number

Client Policy Number

 Registered Type (check one): RPP RRSP RRIF LIRA LRSP LIF TFSA*
 Investment Instructions:

Investment Name	Symbol	% / \$ Amount	Investment Name	Symbol	% / \$ Amount

Locked-in Funds Confirmation:

The Equitable Life Insurance Company of Canada agrees to administer any locked-in funds transferred under this transfer authorization according to the governing pension legislation indicated in Section C below.

Authorized Signature

Date

C: Relinquishing Institution Information

Name of Relinquishing Institution

Full Address (Street, City, Province, Postal Code)

Plan Number & Name (if applicable)

Client Policy Number

 Registered Type: RPP RRSP RRIF LIRA LRSP LIF (Ontario Only) Old LIF New LIF TFSA*
 Investment Instructions:

Investment Name	Symbol	% / \$ Amount	Investment Name	Symbol	% / \$ Amount

 Transfer: In Kind In Cash Whole Partial \$ _____ Qualifying RRIF? Yes No

 Spousal Plan: No Yes if yes, _____

Name of Spouse

Social Insurance Number

Locked-In Funds (Unisex)

Locked-In Funds (Sex Distinct)

Non-Locked-In Funds

Governing Legislation

Contact Name

Bus. Telephone No. & Extension

Fax No.

Authorized Signature

Date

D: Client Authorization

I hereby request the transfer of my account and its investments as described above.

Signature of Account Holder

Date