

TRANSFER FORM for REGISTERED FUNDS (RRSP, RRIF, LIF, LIRA, LRIF, TFSA)

This form should be used when requesting the transfer of funds under paragraph 146(16)(a) of the Income Tax Act of Canada.

Part 1. CLIENT IDENTIFICATION (Client completes parts 1&2a,b)

Last Name _____ First Name _____
Address _____ SIN- _____
City _____ Province _____ Postal Code _____

Part 2. a) CLIENT DIRECTION

Transfer (Check one box only) All Current Investments AS IS (In Kind) Partial - List Attached
 All in Cash Lump Sum _____

Client Signature X _____ Date: _____

Part 2. b) RELINQUISHING INSTITUTION INFORMATION (TRANSFEROR)

Firm Name _____
Address _____ Phone (____) _____ - _____

Client Account Number _____
If Applicable:
Certificate # _____
Maturity Date _____

Part 3. RECEIVING INSTITUTION INFORMATION (TRANSFeree)



Global Securities
CORPORATION

11th Floor, Three Bentall Centre
595 Burrard Street, P.O. Box 49049
Vancouver, B.C. V7X 1C4

RSP 574-505 / RIF 582
Mutual Fund Dealer #9177
Phone # 604-689-5400

BBS FINS # T054
Fax # (604) 669-4375

Registered Plan / Account Number _____ IA# _____

Registered Type: RRSP LIRA RRIF: Qualifying Non-Qualifying LIF LRIF
 Spousal Locked-in TFSA



We agree to the above request for a direct transfer of property and certify that upon receipt, the property will be credited to the annuitant or member under the account identified above. Locked-in agreement enclosed if appropriate. We also certify that the account has been/will be registered under the Income Tax Act according to the applicable circular. WE WILL NOT ISSUE a tax receipt for tax purposes.

X _____ RRSP/RRIF ADMIN _____
Authorized Signature Date

Part 4. COMPLETE WHEN PROPERTY TRANSFERRED (To Be Completed by TRANSFEROR)

Registered Type: RRSP LIRA RRIF: Qualifying Non-Qualifying LIF LRIF TFSA
Non-Locked-in Funds \$ _____ Locked-in Funds \$ _____
Locked-in: N Y (If yes) What is the Governing Legislation? Federal Provincial _____
Spousal: N Y (If yes) Contributor SIN- _____ Name _____

We are unable to process this transfer because: _____

Authorized Signature X _____ Date _____