

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: SMITH First Name: JOHN Init.:

Address: 123 FABRICATED AVE

City: OTTAWA Prov.: ON Postal Code: N1B 2G7

Social Insurance Number: 111 - 111 - 118 Home Telephone Number: (514) 236-7223 Business Telephone Number:

B: Receiving Institution Information

BMO Life Assurance Company
 BMO GIF Administrative and Services Office:
 250 Yonge St., 7th Floor
 Toronto, ON M5B 2M8
 Telephone: 1-855-639-3867
 Fax: 1-855-747-5613

A COMPLETED APPLICATION IS REQUIRED TO OPEN A NEW REGISTERED PLAN - APPLICATION ATTACHED YES NO

Client Account/Policy Number:

Dealer Name: JOHNDOE ADVISORS Dealer Number: 1111

Agent Name: JOHN DOE Agent Number: 2222

Agent Telephone Number: (555) 223-2354 Agent Fax Number: Dealer Account Number:

Registered Type:

RRSP RRIF TFSA

Spousal RRSP Spousal RRIF

LIRA LRSP RLSP

LIF LRIF RLIF

Governing Province/Federal:

Investment Instructions:

Fund Name	Fund Code	\$/ \$ Amount
US BALANCED GROWTH	BLA101	\$ 50,000.00
		\$
		\$

C: Client Direction to Relinquishing Institution

Relinquishing Institution Name: MADEUP INVESTMENTS

Address: 123 VOLATILITY WAY

City: TORONTO Prov.: ON Postal Code: M3C 2B8

Client Account/Policy Number: 123456789

Transfer: (check one box only)

All in cash* All as is (in Kind) All assets*, but mixed in Cash and as is (in Kind), see list below or attached list Partial* - as listed below or on attached list

***Please refer to statement in bold in Client Authorization section below.**
 Please make cheque payable to: **BMO Life Assurance Company**

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

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: _____

Signature of Irrevocable Beneficiary (if applicable): _____

CLIENT SIGNATURE REQUIRED

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 - Locked-In 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: dd/mm/yyyy

* BMO (M-bar rounded symbol) is a registered trade-mark of Bank of Montreal, used under licence.