

Transfer Authorization for Non-Registered Investments

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 or name of corporation, trust or other non-individual owner		First Name		Init.
Address				
City			Prov.	Postal Code
Social Insurance Number	Home Telephone Number	Business Telephone Number		
Joint Owner Last Name	Joint Owner First Name	Init.	Social Insurance 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 NON- REGISTERED PLAN - APPLICATION ATTACHED YES NO

Client Account/Policy Number

For use by Brokers/Dealers only

Dealer Name		Dealer Number
Agent Name		Agent Number
Agent Telephone Number	Agent Fax Number	Dealer Account Number

Investment Instructions:

Fund Name	Fund Code	%/\$ Amount
		\$
		\$
		\$

C: Client Direction to Relinquishing Institution

Relinquishing Institution Name

Address

City

Prov.

Postal Code

Client Account/Policy Number

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
<input type="checkbox"/>	<input type="checkbox"/>			Delay Delivery Until
Shares/Unit	Dollars	Investment Description		
<input type="checkbox"/>	<input type="checkbox"/>			Delay Delivery Until
Shares/Unit	Dollars	Investment Description		
<input type="checkbox"/>	<input type="checkbox"/>			Delay Delivery Until
Shares/Unit	Dollars	Investment Description		

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)	
Signature of Joint Account Holder	Date		

E: For Use By Relinquishing Institution Only

Contact Name	Telephone Number	Fax Number
Authorized Signature	Date	

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