

Client No.: 3 \_\_\_\_\_ OR  Contrat No.: 5 \_\_\_\_\_

This form is used to request a direct transfer under subsection 146.3(14.1) or 146(21) or paragraph 146(16)a) or 146.3(2)e) of the Income Tax Act of Canada.

### Section A IDENTIFICATION OF CONTRACTHOLDER

<input type="checkbox"/> Male <input type="checkbox"/> Female	Last name	First name	Social Insurance Number
Address			

### Section B AMOUNT TO BE TRANSFERRED

I hereby request the  total or  partial transfer (cash only) of \$ \_\_\_\_\_ Plan number: \_\_\_\_\_

Source:  RRSP  Spousal RRSP  LIRA/LRSP  RRIF  Spousal RRIF  TFSA  LIF

Spousal RRSP or RRIF: \_\_\_\_\_  
Spouse's name \_\_\_\_\_ Social Insurance Number \_\_\_\_\_

Date of transfer:  Maturity date \_\_\_\_\_  Upon receipt of this form  Other (specify) \_\_\_\_\_  
Year Month Day Year Month Day

Name of plan issuer: \_\_\_\_\_ Fax number: \_\_\_\_\_

Address: \_\_\_\_\_

If a transfer from a RRIF or LIF: We hereby confirm that the minimum amount has been paid for the current year.

### Section C RECIPIENT

The amounts are to be transferred to my:  RRSP  Spousal RRSP  LIRA/LRSP  RRIF  Spousal RRIF  TFSA  LIF


Address: \_\_\_\_\_

La Capitale Civil Service Insurer Inc. hereby confirms that all the locked-in funds under the registered plan specified in section B will be transferred to the registered plan type specified in section C and will continue to be administered in accordance with the governing pension legislation or contractual provisions of \_\_\_\_\_ (applicable legislation). Any subsequent transfer of these locked-in funds to another financial institution will be made only to another registered plan, which must continue to be administered in accordance with the legislation of the above-mentioned jurisdiction. No locked-in fund transfer will be permitted unless the receiving plan is appropriately registered and in compliance with the applicable pension legislation, regulations and the Income Tax Act (Canada) and appears on the Superintendent's List of Financial Institutions authorized to administer funds in the above-mentioned jurisdiction.


The Record of Transfer of Locked-in Retirement Funds form must be attached for New Brunswick locked-in fund transfers.

### Section D CONTRACTHOLDER'S DECLARATION AND SIGNATURE (CONSENT OF IRREVOCABLE BENEFICIARY, IF APPLICABLE)

I authorize the relinquishing institution identified to proceed as directed in this form. I understand that the length of the transfer period depends on the type of plan and the type of investment product I hold. I understand and accept that the value of my investments may vary because of the length of the transfer period. I authorize the total or partial transfer of my investments, and I agree to pay all fees and penalties associated with the transfer.

 Date: \_\_\_\_\_  
Signature of contractholder Year Month Day

I agree to the transfer of this plan.

 Date: \_\_\_\_\_  
Full name of irrevocable beneficiary Signature of irrevocable beneficiary Year Month Day

### Section E INFORMATION CONCERNING THE ADVISOR WHO CARRIED OUT THE TRANSFER

Name \_\_\_\_\_ Advisor number \_\_\_\_\_ Area code \_\_\_\_\_ Tel. \_\_\_\_\_

### Section F AMOUNT TRANSFERRED (TO BE COMPLETED BY THE RELINQUISHING INSTITUTION)

Relinquishing institution – Transfer of: \$ \_\_\_\_\_ Transfer fee: \$ \_\_\_\_\_

<b>OFFICE USE ONLY</b>	\$ _____	Date: _____
Transfer received	Name of the authorized person	Year Month Day