La Capitale

Authorization to transfer non-registered fund | Savings

○ Client No.: 3 __ __ – __ __ __ – __ __ __ OR ○ Contrat No.: 5 __ __ __ __ __ __ __ __

Section A IDENTIFICATION OF CONTRACTHOLDER

○ Male ○ 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: _____

_____ Account No. | _____ Account No. | _____ Account No. | _____ Account No.

Name of plan issuer: _____ Fax number: _____

Adress: _____

Section C RECIPIENT

The amounts are to be transferred to my: ○ Non registered plan ○ TFSA ○ RRSP ○ Spousal RRSP

Address: La Capitale Civil Service Insurer Inc., Savings and Investments, 625 Jacques-Parizeau St, 7th floor, Quebec QC G1R 2G5
Tel.: 1 888 703 4480 Fax: 1 855 896-9480

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.

X _____ Date: ____ ____ ____
Signature of contractholder Year Month Day

I agree to the transfer of this plan.

_____ X _____ 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: $ _____

OFFICE USE ONLY $ _____ _____ Date: ____ ____ ____
Transfer received Name of the authorized person Year Month Day