

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

Section B AMOUNT TO BE TRANSFERRED

I hereby request the total **in cash only** or partial transfer **in cash only** of \$ _____ or 10% penalty-free units

Source: RRSP Spousal RRSP LIRA/LRSP RRIF Spousal RRIF TFSA LIF – Plan No.: _____

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

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

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.

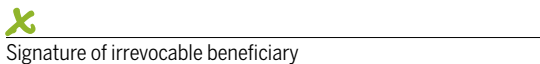
The Record of Transfer of Locked-in Retirement Funds form must be attached for New Brunswick locked-in fund transfers.

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 AMOUNT TRANSFERRED (TO BE COMPLETED BY THE RELINQUISHING INSTITUTION)

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