

1. CONTRACTHOLDER'S IDENTIFICATION

Client No.: 3 ___ - ___ - ___ OR Contract No.: 5 _____

Last name First name

2. PLAN DETAILS (Check one box only)

- Non-registered
 - TFSA
 - RRSP – Contributing contractholder OR RRSP – Spousal
 - RRIF – Contributing contractholder OR RRIF – Spousal
 - LIF – Participant or former participant (pension plan) OR LIF – Purchaser (following death or marriage breakdown)
 - LIRA – Participant or former participant (pension plan) OR LIRA – Purchaser (following death or marriage breakdown)
 - Pan-Canadian plans (check one box only)
 - Participant or former participant (pension plan)
 - Purchaser (following death or marriage breakdown)
- Check one plan and one jurisdiction:
- LIRA/LRSP OR Prescribed LIRA/LRSP
 - Alberta British Columbia Manitoba New Brunswick Nova Scotia Ontario Saskatchewan
 - Newfoundland and Labrador Federal jurisdiction (includes Prince Edward Island, Nunavut, Northwest Territories and the Yukon)

In the case of pan-Canadian plans, check if participant or purchaser as well as one plan and one jurisdiction only.

3. TRANSFER FROM ONE LA CAPITALE INVESTMENT ACCOUNT TO ANOTHER LA CAPITALE INVESTMENT ACCOUNT (WITHIN THE SAME FEE SERIES)

SOURCE OF FUNDS

La Capitale Investment Account	Code	Transfer amount
		<input type="checkbox"/> Total or \$ _____
		<input type="checkbox"/> Total or \$ _____
		<input type="checkbox"/> Total or \$ _____
		<input type="checkbox"/> Total or \$ _____
		<input type="checkbox"/> Total or \$ _____

DESTINATION OF FUNDS

The total source funds must be 100% invested

La Capitale Investment Account	Code	% invested (allocation)
		%
		%
		%
		%
		%
Total investment:		100%

- If periodic payments are already authorized for the source account, they will continue with no change. To change or cease periodic payments, please fill out the Change or Termination of the Preauthorized Debit Agreement (IND073) form.
- If periodic payments are not in effect on the source account and the total account balance is being transferred to the replacement account, it will be automatically closed with no further notice.
- If the source account balance is zero, it will be automatically closed with no further notice.

4. TRANSFER OF 10% PENALTY-FREE PORTION TO THE PURCHASE FEE SERIES

- The 10% penalty-free portion of all redemption-fee accounts of plans selected in Section 2 will be transferred to purchase-fee accounts. The investment options for the destination account will be the same as the source account **OR**
- Complete the following section:

SOURCE OF FUNDS

La Capitale Investment Account	Code	% of transfer
		10% penalty-free
		10% penalty-free
		10% penalty-free
		10% penalty-free
		10% penalty-free

DESTINATION OF FUNDS

The total source funds must be 100% invested

La Capitale Investment Account	Code (2 ___ ___)	% invested (allocation)
		%
		%
		%
		%
		%
Total investment:		100%

If periodic payments are already authorized for the source account, they will continue with no change.

5. TRANSFER FROM ONE LA CAPITALE ACCOUNT TO ANOTHER LA CAPITALE ACCOUNT

SOURCE OF FUNDS

La Capitale Investment Account		
Investment name	Code	Transfer amount
		<input type="checkbox"/> Total or \$ _____
		<input type="checkbox"/> Total or \$ _____
		<input type="checkbox"/> Total or \$ _____
		<input type="checkbox"/> Total or \$ _____
		<input type="checkbox"/> Total or \$ _____

Guaranteed Investment Certificates		
Account No.	Maturity or upon receipt	Transfer amount
09 _____	<input type="checkbox"/> Maturity or <input type="checkbox"/> upon receipt	<input type="checkbox"/> Total or \$ _____
09 _____	<input type="checkbox"/> Maturity or <input type="checkbox"/> upon receipt	<input type="checkbox"/> Total or \$ _____
09 _____	<input type="checkbox"/> Maturity or <input type="checkbox"/> upon receipt	<input type="checkbox"/> Total or \$ _____
09 _____	<input type="checkbox"/> Maturity or <input type="checkbox"/> upon receipt	<input type="checkbox"/> Total or \$ _____
09 _____	<input type="checkbox"/> Maturity or <input type="checkbox"/> upon receipt	<input type="checkbox"/> Total or \$ _____

Daily Interest Account	<input type="checkbox"/> Total or \$ _____
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DESTINATION OF FUNDS – The total source funds must be 100% invested

La Capitale Investment Account (R) ¹		
Investment name	Code	% invested (allocation)
		%
		%
		%
		%
		%
		%

Guaranteed Investment Certificates					
Investment name	Redeemable (R) ¹ or non-redeemable (NR)	Investment maturity date (YYYY/MM/DD) or term	Interest		% invested (allocation)
			Compound (C)	Simple (S) Frequency ² Payment ³	
		____ / ____ / ____ or term: _____			%
		____ / ____ / ____ or term: _____			%
		____ / ____ / ____ or term: _____			%

Daily Interest Account	%
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Total investment:	100%
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1. Redeemable investment subject to the applicable fees and penalties
 2. Annual, semi-annual, quarterly, monthly
 3. DIA = Daily interest account, DD = Direct deposit (attach a cheque specimen)

6. CONTRACTHOLDER'S DECLARATION

I agree to pay any fees and penalties applicable to this transfer.

Signed at: _____ on this _____ day of _____ 20 _____ .

X

Signature of contractholder

X

Signature of advisor

Advisor code

7. ADVISOR'S DECLARATION

I declare that I obtained prior specific authorization (Limited Authorization Form – LAF) from the contractholder for this transfer and that I informed the contractholder of any applicable fees and penalties.

Signed at: _____ on this _____ day of _____ 20 _____ .

X

Signature of advisor

Advisor code