

**TRANSFER AUTHORIZATION FOR REGISTERED INVESTMENTS (RRSP, LIRA, LRSP, RRIF, LRIF, LIF, RLIF, RLSP, PRIF, TFSA)**

This form can be used for transferring the registered plans listed above **except** (1) RRIF to RRSP transfers, (2) RRIF or RRSP to TFSA transfers, (3) TFSA to RRIF or RRSP transfers, (4) transfers due to death and (5) transfers due to marital breakdowns. **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.

**1. CLIENT IDENTIFICATION**

MR.    MRS.    MISS    MS    DR.

SURNAME  FIRST NAME AND INITIALS

ADDRESS

CITY  PROVINCE

POSTAL CODE  EMAIL ADDRESS

HOME TELEPHONE (  ) BUSINESS TELEPHONE (  ) - EXT.

SOCIAL INSURANCE NUMBER  (MANDATORY)  DATE OF BIRTH  (MANDATORY)

DAY   MONTH   YEAR

**2. RECEIVING INSTITUTION INFORMATION**

**1832 ASSET MANAGEMENT L.P., AS AGENT FOR THE BANK OF NOVA SCOTIA TRUST COMPANY**  
 Dynamic Funds Tower, 1 Adelaide St. E., Ste. 2900, Toronto, ON M5C 2V9, Tel: 416-363-5621, TOLL FREE 1-866-977-0477, Fax: 416-363-4179

GROUP PLAN NUMBER (if applicable)  CLIENT ACCOUNT/POLICY NUMBER

DEALER NUMBER (MANDATORY)  ADVISOR NUMBER (MANDATORY)  DEALER ACCOUNT NUMBER

DEALER NAME  ADVISOR NAME

BUSINESS TELEPHONE (  ) - EXT.  FAX NUMBER (  )

**REGISTERED TYPE:**

RRSP    SPOUSAL RRSP    LIRA    LRSP    RRIF    SPOUSAL RRIF    LRIF    LIF    RLIF    RLSP    PRIF    TFSA

**INVESTMENT INSTRUCTIONS**

AS PER THE DYNAMIC APPLICATION FORM

FUND NAME	FUND CODE FE	FE FEE* %	FUND CODE LL	FUND CODE DSC	AMOUNT <input type="checkbox"/> \$ <input type="checkbox"/> %
					TOTAL

**If a new account is to be opened, please attach a Dynamic application form.**  
**\*Front end fee is zero unless otherwise specified.**

**3. CLIENT DIRECTION TO RELINQUISHING INSTITUTION**

RELINQUISHING INSTITUTION NAME

ADDRESS

CITY  PROVINCE  POSTAL CODE

GROUP PLAN NUMBER (if applicable)  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 on attached list)    PARTIAL\* (as listed below or on attached list)

**\*Please refer to statement in bold in Client Authorization section below.**

	INVESTMENT AMOUNT	SYMBOL AND/OR CERTIFICATE NUMBER OR POLICY NUMBER	INVESTMENT DESCRIPTION
<input type="checkbox"/> IN KIND <input type="checkbox"/> IN CASH <input type="checkbox"/> SHARES/UNITS <input type="checkbox"/> DOLLARS			
<input type="checkbox"/> IN KIND <input type="checkbox"/> IN CASH <input type="checkbox"/> SHARES/UNITS <input type="checkbox"/> DOLLARS			
<input type="checkbox"/> IN KIND <input type="checkbox"/> IN CASH <input type="checkbox"/> SHARES/UNITS <input type="checkbox"/> DOLLARS			

**4. 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 \_\_\_\_\_ Irrevocable beneficiary: I consent to the transfer of the account.

DAY   MONTH   YEAR

SIGNATURE OF IRREVOCABLE BENEFICIARY (if applicable) \_\_\_\_\_

DAY   MONTH   YEAR

**5. FOR USE BY RELINQUISHING INSTITUTION ONLY**

**REGISTERED TYPE:**    RRSP    LIRA    LRSP    LRIF    RRIF:    QUALIFIED    NON QUALIFIED  
 PRIF    RLIF    RLSP    TFSA    LIF:    FEDERAL LIF    OLD LIF    NEW LIF

**SPOUSAL PLAN:**    NO    YES - IF YES, COMPLETE THE FOLLOWING SPOUSAL INFORMATION:

**SPOUSAL INFORMATION**

FIRST NAME & INITIALS  SURNAME

SOCIAL INSURANCE NUMBER  (MANDATORY/REQUIRED BY CRA)  DATE OF BIRTH  (MANDATORY)

DAY   MONTH   YEAR

**LOCKED-IN INFORMATION - LOCKED-IN CONFIRMATION ATTACHED**

LOCKED-IN FUNDS \$  GOVERNING LEGISLATION

CONTACT NAME

TELEPHONE NUMBER (  ) FAX NUMBER (  )

AUTHORIZED SIGNATURE \_\_\_\_\_

DAY   MONTH   YEAR