



TRANSFER AUTHORIZATION FOR REGISTERED AND NON-REGISTERED INVESTMENTS

1. CLIENT IDENTIFICATION

Name of Owner(s) _____

Address (Street, City, Province, Postal Code) _____

Social Insurance Number

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Telephone Number

2. RELINQUISHING INSTITUTION

Name of Relinquishing Institution _____

Fax Number _____

Address (Street, City, Province, Postal Code) _____

Client Contract Number _____

I hereby request the transfer, IN CASH, from the above noted account/contract to Equitable:

☐ All of the value OR ☐ A partial withdrawal as specified below:

Note: Full withdrawals of RIF/LIF plans require the payment of the Required Minimum prior to transfer.

Investment Name	Fund Code (if applicable)	% / \$ Amount

Registration Type:

☐ Non-Registered
 ☐ TFSA
 ☐ RRSP
 ☐ LIRA
 ☐ LIF
 ☐ RRIF
 ☐ PRIF
 ☐ LRIF
 ☐ RLIF
 ☐ RLSP
☐ LRSP
☐ RPP
☐ FHSA (If your transfer is to an RRSP, RRIF or another FHSA, please also complete and attach Canada Revenue Agency (CRA) form RC721.)

 Spousal Plan? ☐ Yes ☐ No - If Yes, provide the following details about the spousal contributor.

First name _____

Last name _____

Social Insurance Number

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 Locked-in pension funds? ☐ Yes ☐ No - If Yes, provide the following details.

Legislation _____

Plan name _____

Note to relinquishing institution:

- Where required by applicable legislation, please provide the investment gain/loss to date of transfer for the current calendar year.
- If the funds are being transferred from a RIF, please confirm if the funds are from a qualifying RIF upon transfer.

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3. RECEIVING INSTITUTION INFORMATION

Receiving Institution: Equitable

Business Telephone Number - 1 800 668 4095 Fax Number - 519 883 7404

One Westmount Road North, PO Box 1603 Stn Waterloo, Waterloo ON N2J 4C7

Advisor name

Advisor code

Advisor telephone number

Please deposit the assets transferred into the following contract:

Contract/Application number

For money being sent via A\$M:
Use management code "ELC"

Product type: ☐ Segregated Funds ☐ Daily/Guaranteed Interest Account ☐ Payout Annuity

Registration Type:

☐ Non-Registered ☐ TFSA ☐ RRSP ☐ Spousal RRSP ☐ RRIF ☐ Spousal RRIF

☐ Locked-In Retirement Account (LIRA, RLSP, LRSP) ☐ Life Income Fund (LIF, PRIF, LRIF, RLIF)

☐ FHSA (If your transfer is from an RRSP, please also complete and attach CRA form RC720. If it is from another FHSA, please also complete and attach CRA form RC721.)

Investment Instructions:

☐ Deposit according to the existing investment instructions on file, OR

☐ Deposit to the investment instructions specified below:

Investment Name	Fund Code (if applicable)	% / \$ Amount

Locked-In Funds Confirmation:

Equitable agrees to administer any locked-in funds transferred under this transfer authorization according to the governing pension legislation indicated in the accompanying **Locking In Agreement**.

4. CLIENT AUTHORIZATION

I authorize the withdrawal of all or part of my investment as indicated above and agree to the value being reduced by any applicable fees, taxes, charges or adjustments.

Signature of Owner

Date

Signature of Joint Owner (if applicable)

Date

Signature of Irrevocable Beneficiary (if applicable)

Date

Please note: Equitable cannot ensure the privacy and confidentiality of any information sent through the internet because e-mail may be vulnerable to interception. As a result, Equitable is not responsible for any loss or damages you may incur if your information is intercepted and misused. If you would prefer to submit your information by another means, please contact us at 1 800 668 4095.