



Transfer authorization for registered and non-registered investments

1. Client identification					
Name of owner(s)					
Address (street, city, pr	ovince, postal code)				
Social Insurance Number	er Telephon	e number			
2. Relinquishing Institut	ion				
Name of relinquishing institution			Fax number		
Address (street, city, province, postal code)			Client contract number		
\square All of the value or \square	ransfer, from the above noted a A partial withdrawal as specifie of RIF/LIF plans require the pay	ed below:		rior to transfer.	
Fund name	Fund code (if applicable)		cable)	% / \$ Amount	
Registration type:					
□ Non-Registered □ □ RPP □ FHSA (If yo	TFSA □ RRSP □ LIRA □ ur transfer is to an RRSP, RRIF o attach Canada Revenue Agency		ease also comp		
Spousal plan? ☐ Yes ☐	No - If yes, provide the following	ng details about the s	pousal contri	butor.	
First name	Last name	Last name		cial Insurance Number	
Locked-in pension fund	ls? □Yes □No - If yes, provide	the following details	5.		
Legislation	Plan name				
Note to relinquishing in					
 Where required by appear calendar year. 	oplicable legislation, please prov	vide the investment $arepsilon$	gain/loss to da	ate of transfer for the current	

• 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 One Westmount Road North, PO Box 10							
Advisor name Advis	sor code Advisor telephone number						
Please deposit the transferred assets into the following contract: Contract/Application number				For money being sent via A\$M: Use management code "ELC"			
			L				
Product type: \square Segregated funds \square \square	Daily/Guaranteed Intere	est Account	yout ann	uity			
Registration type: \square Non-Registered \square TFSA \square RRSP	☐ Spousal RRSP ☐	RRIF □Spousal F	RRIF				
□ Locked-In Retirement Account (LIRA, RLSP, LRSP) □ Life Income Fund (LIF, PRIF, LRIF, RLIF)							
\square 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 according to the investment instructions specified below:							
Investment name	Fund code (if applicable	<u>e)</u>	% / \$ Amo	ount			
Locked-in funds confirmation: Equitable agrees to administer any locked-in funds transferred via this Transfer Authorization according to the governing pension legislation indicated in the accompanying Locking In Agreement.							
☐ Please check this box if an offsetting receipt from Equitable is required							
When the fund name and fund code proving For Guaranteed Investment Funds control of Front End Load (FEL) is selected, please. The default is 0% if no percentage is FEL above 0% is only available when	racts: se indicate percentage: _ s specified.	(0% - 5%)		isor code			



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4. Client authorization			
I/we authorize the transfer of all or part of my investment as indicaresulting applicable fees, taxes, charges or adjustments.	ated above and agree to the value being reduced by any		
Signature of owner	Date (yyyy/mm/dd)		
Signature of joint owner (if applicable)	Date (yyyy/mm/dd)		
Signature of irrevocable beneficiary (if applicable)	Date (yyyy/mm/dd)		

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.