

# TRANSFER AUTHORIZATION FOR REGISTERED & NON-REGISTERED ACCOUNTS

(RRSP, LIRA, LRSP, RRIF, LRIF, LIF, RLIF, RLSP, PRIF, TFSA, FHSA, NON-REGISTERED)



**MACKENZIE**  
Investments

- This form can be used for transferring the registered plans listed above except
  - RRIF to RRSP transfers,
  - RRIF, RRSP or FHSA to TFSA transfers,
  - TFSA to RRIF, RRSP or FHSA transfers,
  - transfers due to death and
  - transfers due to marital breakdowns.
- Please print neatly to ensure completeness, accuracy and machine-readability.

## A: Client Identification

_____ ( )	
Account/Policy Holder Last Name or Non-Personal Name	First Name Initial(s) Social Insurance Number (SIN) Birth Date (DD/MM/YY) Home Telephone Number
_____ ( )	
Joint Account/In Trust Policy Holder	First Name Initial(s) Social Insurance Number (SIN) Birth Date (DD/MM/YY) Home Telephone Number
_____	
Address	City Province Postal Code

## B: Receiving Institution Information

MACKENZIE FINANCIAL CORPORATION (as Agents for B2B Trustco)  
180 QUEEN ST WEST, TORONTO ONTARIO M5V 3K1  
Client Relations Department, Tel: 1-800-387-0614 Fax: 1-866-766-6623  
ASM code: MFC

Client Account Number	Group Plan Number (if applicable)
Dealer Name	Dealer Number Dealer Account Number
_____ ( ) _____ ( )	
Advisor Name	Advisor Number Business Telephone Number Business Fax Number

### Account Type:

- |                                       |                                       |   |
|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> RRSP         | <input type="checkbox"/> Spousal RRIF | <input type="checkbox"/> RLIF           |
| <input type="checkbox"/> Spousal RRSP | <input type="checkbox"/> LRIF         | <input type="checkbox"/> TFSA           |
| <input type="checkbox"/> LRSP         | <input type="checkbox"/> PRIF         | <input type="checkbox"/> FHSA           |
| <input type="checkbox"/> RLSP         | <input type="checkbox"/> LIRA         | <input type="checkbox"/> Non-Registered |
| <input type="checkbox"/> RRIF         | <input type="checkbox"/> LIF          |   |

### Investment Instructions:

Investment Name	Symbol / Fund Number	Sales Charge %	% / \$ Amount

**Locked-In Confirmation:** Mackenzie Financial Corporation, as agent for B2B Trustco, agrees to administer all locked-in funds transferred under this transfer authorization in accordance with the governing pension legislation indicated in Section E below. Any subsequent transfer of these locked-in funds to another trustee or financial institution will be made only to another registered plan, which will continue to be administered in accordance with the requirements indicated below. No transfer of locked-in funds 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)*.

*Jennifer Vashon*  
Authorized B2B Trustco  
Signing Officer/Agent

## C: Client Direction to Relinquishing Institution

Relinquishing Institution Name	Client Account/Policy Number
Address	Group Plan Number (if applicable)
City	Province Postal Code

### Transfer: (check one box only)

- All in kind (as is)  
  Cash balance only  
  Partial\*: see list below or check here  
  if list attached  
  All in cash\*  
  All assets\*, but mixed in cash and in kind; see list below or check here  
  if list attached

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

	Investment Amount	Symbol and/or Certificate Number or Policy No	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			

## D: 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	Date (DD/MM/YY)	Signature of Irrevocable Beneficiary (if applicable)	Date (DD/MM/YY)
Signature of Joint Holder (if applicable)	Date (DD/MM/YY)		

## E: For Use By Relinquishing Institution Only

Account Type:  RRSP  LIRA  LRSP  RLSP  RRIF:  Qualified  Non-Qualified  LIF:  Old LIF  New LIF  RLIF  LRIF  PRIF  TFSA  FHSA  Non-Registered

Spousal Plan:  No  Yes – if yes, please complete: \_\_\_\_\_  
Last Name First Name Social Insurance Number

Current year's investment earnings to date: \$ \_\_\_\_\_

The default is "unisex", if sex-distinct, check here

Locked-In:  No  Yes (Attach Locked-in Confirmation)  Locked-In funds \$ \_\_\_\_\_ Governing Legislation \_\_\_\_\_  If spousal waiver/consent form attached

_____ ( ) _____ ( )
Contact Name Telephone Number Fax Number

Authorized Signature \_\_\_\_\_ Date (DD/MM/YY) \_\_\_\_\_

**CLEAR**