

TRANSFER AUTHORIZATION FOR REGISTERED & NON-REGISTERED ACCOUNTS
(RRSP, LIRA, LRSP, RRIF, LRIF, LIF, RLIF, RLSP, PRIF, TFSA, FHSA, NON-REGISTERED)



- This form can be used for transferring the registered plans listed above except
 - 1 RRIF to RRSP transfers, 2 RRIF, RRSP or FHSA to TFSA transfers, 3 TFSA to RRIF, RRSP or FHSA transfers, 4 transfers due to death and 5 transfers due to marital breakdowns.
- Data entered on this form may be scanned and stored electronically. 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) _____
Joint Account/In Trust For/Policy Last Name, Joint Holder/In Trust For First Name, Social Insurance Number (SIN)

Address _____ Home Telephone Number _____

 City _____ Province _____ Postal Code _____ Business Telephone Number _____

B: Receiving Institution Information

MACKENZIE FINANCIAL CORPORATION (as Agents for B2B Trustco) Management company code: MFC **CLIENT RELATIONS DEPARTMENT**

Receiving Institution Name _____ Contact Name _____
180 QUEEN STREET WEST Telephone Number _____
 Address _____ Telephone Number _____
TORONTO **ONTARIO** **M5V 3K1** (866) 766-6623
 City Province Postal Code Fax Number _____

Group Plan Number (if applicable) _____ Client Account/Policy Number _____

For use by Mutual Fund Brokers/Dealers only

Dealer Name _____ Dealer Number _____ Dealer Account Number _____
 _____ () _____ ()
 Agent Name _____ Agent Number _____ Business Telephone Number _____ Business Fax Number _____

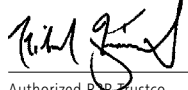
- Account Type:**
- RRSP Spousal RRIF RLIF
 Spousal RRSP LRIF TFSA
 LRSP PRIF FHSA
 RLSP LIRA Non-Registered
 RRIF LIF

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)*.


 Authorized B2B Trustco Signing Officer/Agent

C: Client Direction to Relinquishing Institution

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

- Transfer:** (check one box only for asset transfer instructions and an additional box if asset list is attached)
- All in kind (as is) Cash balance only as at date of transfer by Relinquishing Institution 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/Former Spouse (if applicable) _____ Date (DD/MM/YY) _____
 Signature of Joint Subscriber (if applicable) _____ Date (DD/MM/YY) _____

E: For Use By Relinquishing Institution Only

Account Type: RRSP LIRA LRSP RRIF Qualified Non-qualified PRIF RLIF RLSP LRIF
 LIF Federal LIF Old LIF New LIF TFSA FHSA
Non-Registered Plans Non Registered Investment Account Non Registered Joint Investments Account

Spousal Plan: No Yes If Yes: _____
 Last Name First Name Initial Social Insurance Number

Locked-In: No Yes If yes, locked-in confirmation attached Locked-in funds: \$ _____ Governing legislation _____
 The default is "unisex;" if sex-distinct For Plans governed by Manitoba PBA, if Death Benefit waiver attached
 If spouse waiver/consent form attached Assets derived from a PRPP
 For LIF governed by Manitoba PBA: Is the transferor aware of a one-time transfer under section 21.4 of the Manitoba PBA: No Yes

For LIF governed by AB, ON and MB & LRIF governed by NL and ON

Plan value on January 1: \$ _____ Transfers out in current year: \$ _____
 Transfers in current year: \$ _____ Income payments in current year: \$ _____
 Current year's investment earnings: \$ _____
 Original (creation) date of plan (LRIF only): _____
 Date (DD/MM/YY) _____

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

_____ _____
 Authorized Signature Date (DD/MM/YY)