


## How to complete CWT's Transfer Authorization for Registered Investments



**Transfer Authorization for Registered Investments** (RSP, LIRA, LRSP, R F, LRIF, L F, PR F, RLSP, RLIF, TFSA)  
This form can be used for RSP to RSP transfers (except for Education Savings Plans or transfers due to death), RSP to RIF transfers, RIF to RIF transfers and TFSA to TFSA transfers.  
*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.*

**A: Client Information**

Account/Policyholder Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_  
Social Insurance Number: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_ Business Telephone Number: \_\_\_\_\_

**B: Receiving Institution Information**

Receiving Institution Name: **CANADIAN WESTERN TRUST** Contact Name: \_\_\_\_\_  
Address: **600 - 750 Cambie St.** City: **VANCOUVER**  
Postal Code: **V6B 0A2** Telephone Number: **604-685-2081** Fax Number: **604-669-6069**  
Group Plan Number (if applicable): \_\_\_\_\_ INTERMEDIARY CODE "AETN"  
Dealer Name: \_\_\_\_\_ Dealer Number: \_\_\_\_\_  
Agent Name: \_\_\_\_\_ Agent Number: \_\_\_\_\_  
Home Telephone Number: \_\_\_\_\_ Business Telephone Number: \_\_\_\_\_ Group Plan Number (if applicable): \_\_\_\_\_

**Self Directed Type:**

Retirement Saving Plan (RSP)  Spousal RSP  Locked-In Registered Account (LIRA)  
 Retirement Income Fund (RIF)  Spousal RIF  Locked-In RIF  Locked-In RSP  
 Restricted Life Savings Plan (RLSP)  Restricted Life Income Fund (RLIF)  Tax F

**C: Relinquishing Institution Information**

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

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

<input type="checkbox"/> In Kind	<input type="checkbox"/> In Cash	Investments Amount	Symbol and/or Certificate Number or Policy Number
<input type="checkbox"/> Shares/Units	<input type="checkbox"/> Dollars	Investment Description	
<input type="checkbox"/> In Kind	<input type="checkbox"/> In Cash	Investments Amount	Symbol and/or Certificate Number or Policy Number
<input type="checkbox"/> Shares/Units	<input type="checkbox"/> Dollars	Investment Description	
<input type="checkbox"/> In Kind	<input type="checkbox"/> In Cash	Investments Amount	Symbol and/or Certificate Number or Policy Number
<input type="checkbox"/> Shares/Units	<input type="checkbox"/> Dollars	Investment Description	

**D: Client's Authorization**

I hereby request the transfer of my account and its investments described above.  
**IF YOU HAVE REQUESTED A TRANSFER IN CASH, I WILL ARRANGE THE LIQUIDATION OF ALL OR PART OF MY REGISTERED INVESTMENTS AND AGREE TO PAY ALL APPLICABLE FEES, CHARGES OR ADJUSTMENTS"**

Signature of Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_

**E: For Use by Relinquishing Institution Only**

Registered Type:  RSP  LIRA  LRSP  LIF  Pooled LIF  LR F  RIF  RLIF  RLSP  TFSA  
 ON New LIF  ON Old LIF

Spousal Plan:  NO  YES - if yes; Spousal First Name: \_\_\_\_\_ Init: \_\_\_\_\_  
Spousal Last Name: \_\_\_\_\_ Spousal Social Insurance Number: \_\_\_\_\_

Locked in:  NO  YES  
Locked-in confirmation attached: \$ \_\_\_\_\_ Locked in Funds: \_\_\_\_\_ Governing Location: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_ Date: DD/MM/YYYY

**Part A – Client Information**

- Client last and first name
- Complete address
- Email address
- Client's Social Insurance Number
- Telephone number

**Part B – Receiving Institution Information**

- Client account number at Canadian Western Trust (if known)
- Dealer Information if Mutual Fund Dealer appointed for the account
- Dealer name & number
  - Agent name & number
  - Agent Telephone number

**Self-Directed account type**

- Check one only; separate transfer forms are required for separate accounts

**Part C – Client Direction to Relinquishing Institution**

- Relinquishing Institution's name
- Relinquishing Institution's Address
- Client Account number at Relinquishing Institution

**Check one box only to determine how the account will be transferred to CWT:**

- Full transfer in cash – all assets to be liquidated at relinquishing institution and cash transferred to Canadian Western Trust
- Full transfer in kind – all assets being transferred as is, any remaining cash balance to be transferred in cash
- All Assets but Mixed – specify which assets to come in cash and which ones to come as is in the area provided, or attach a separate list signed by the client<sup>††</sup>
- Partial transfer – list which assets are to be transferred to CWT in the area provided. Specify if the asset is to be transferred in cash or kind (as is)<sup>††</sup>

Include an asset listing or a recent statement for the account being transferred

**Part D – Client's Authorization**

- Client to sign and date form

**††IMPORTANT NOTE:**  
Do not complete more than one transfer form if the assets are coming from the same account at the relinquishing institution. If you need more space to list assets, please attached a separate signed sheet indicating your request.