

*These fields are required

A. CLIENT IDENTIFICATION

*Full Name of Account Holder _____ *SIN _____

*Address _____

*City _____ *Province _____ *Postal Code _____ Telephone Number – Home _____ Telephone Number – Business _____

B. RECEIVING INSTITUTION INFORMATION

NBF Inc. (NBIN Division)
ACCOUNT TRANSFERS DEPARTMENT
800 Saint-Jacques Street, Office 55721
MONTREAL, QUEBEC H3C 1A3

FAX: 514-875-3819
CUID: NBCS
DTC: 5008
CLEARSTREAM 37220
A\$M Eligible

*Dealer Code *Advisor Code Full Name of Investment Advisor

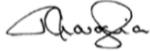
*NBIN Client Account Number _____ *NBIN Account Currency:
 CAD USD

*NBIN Registered Account Type (check one box only and applies to both account numbers above-mentioned, if applicable):

RRSP Spousal RRSP RRIF Spousal RRIF TFSA
 LIRA (Legislation: _____) Locked-In RRSP (Legislation: FED) RLSP (Federal Restricted) FHSA PRIF
 LIF (Legislation: _____) Locked-In RRIF (Legislation: FED) RLIF (Federal Restricted) Other: _____

LOCKED-IN FUNDS CONFIRMATION (if applicable)

NBF Inc. (NBIN Division) agrees to administer any locked-in funds transferred under this transfer authorization according to the governing pension legislation indicated in Section "E" below. It is the legal responsibility of the delivering institution to provide this information to the receiving institution, failing which we will assume that the information in Section "B" above is accurate.



Authorized Signature (for Head Office use only) Date (YYYY-MM-DD)

C. CLIENT DIRECTION TO DELIVERING INSTITUTION

*Name of Delivering Institution (please attach a recent account statement) _____

*Address _____

*City _____ *Province _____ *Postal Code _____

*Client Account/Policy Number _____

*Transfer (check one box only):

Full in Kind (as is / no sell) Full in Cash** (all assets will be sold)
 Full Mix** (please indicate below assets to sell and assets to transfer as is) Partial** (please indicate below assets to transfer) List Attached**

| In Kind (as is) | In Cash** (asset to sell) | Cash Balance or GIC at Maturity (no sell) | Security Symbol and/or Policy or Certificate Number | Investment Description | GIC Maturity Date (YYYY-MM-DD) | Full Asset | Partial Asset (please complete one box) | |
|---|---------------------------|---|--|------------------------|--------------------------------|--------------------------|---|----------|
| | | | | | | | Amount | Quantity |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | <input type="checkbox"/> | | |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | <input type="checkbox"/> | | |
| Balance of the account (if applicable): | | | <input type="checkbox"/> In Kind (as is) or <input type="checkbox"/> In Cash** (asset to sell) | | | | | |

** By signing in the Client Authorization section of this transfer form where I have requested a transfer of assets in cash (full or partial) I ACKNOWLEDGE that:

- There are or may be commissions, third-party charges (including deferred sales charges and re-registration charges), penalties or adjustments associated with the liquidation of my assets, cost or other fees and taxes (hereinafter the "fees"); AND
- I have the possibility of being informed of these fees by discussing with the delivering institution; AND
- I agree to pay these fees or to be deducted from the value of my account before the transfer.

D. CLIENT AUTHORIZATION

I hereby request the transfer of my account as directed in the Section "C" above. In the case of a full transfer, please cancel all open orders, all contribution by pre-authorized debit plan and systematic withdrawal plan for my account mentioned above.

I ACKNOWLEDGE that fees and taxes could be charged to process the transfer and I authorize the liquidation of part of my assets as necessary to complete my transfer request.

For a transfer from my FHSA to my RRSP or RRIF: I understand that if I have an excess FHSA amount at the time of the transfer and I transfer property from my FHSA to my RRSP or RRIF, any portion of the amount transferred that exceeds the total fair market value (FMV) of all the property held in all of my FHSAs at the time of the transfer minus the excess FHSA amount at the time of the transfer, will be treated as both:

- a taxable withdrawal from my FHSA, which must be included as income on my income tax and benefit return for the year of the transfer
- a new RRSP contribution at the time of the transfer to my RRSP or RRIF

For a transfer from my RRSP to my FHSA: I certify that the amount transferred does not result in an excess FHSA amount.

For a transfer from a spousal RRSP of which I am the annuitant to my FHSA: I understand that if I intend to transfer property from my spousal RRSP, I am not permitted to transfer any amounts from the RRSP if my spouse has contributed any amounts to any of my spousal RRSPs during the current year or the two preceding calendar years. If I make such a transfer, the amount of the transfer will be both:

- a taxable withdrawal from my RRSP
- a new contribution to my FHSA

Guaranteed Signature (for Head Office use only)

X _____
*Signature of Account Holder

*Date (YYYY-MM-DD)

E. FOR USE BY DELIVERING INSTITUTION ONLY

Registered Account/Policy Type:

- | | | | | | |
|-------------------------------|---|-------------------------------|--|---|--|
| <input type="checkbox"/> RRSP | <input type="checkbox"/> RRIF | <input type="checkbox"/> TFSA | <input type="checkbox"/> LIRA | <input type="checkbox"/> Locked-In RRSP | <input type="checkbox"/> RLSP (Federal Restricted) |
| <input type="checkbox"/> LIF | <input type="checkbox"/> Locked-In RRIF | <input type="checkbox"/> PRIF | <input type="checkbox"/> RLIF (Federal Restricted) | <input type="checkbox"/> FHSA | <input type="checkbox"/> Other: _____ |

RRIF: Non Qualified Qualified Non Applicable

Locked-In: No Yes → Applicable Legislation: _____

Spousal Plan: No Yes → Full Name of Spouse: _____

SIN of Spouse: _____

Amount Transferred: _____ Locked-In Amount: _____

X _____
Authorized Signature Title or Function Date (YYYY-MM-DD)

F. RECEIPT BY RECEIVING INSTITUTION - (Do not give a tax receipt for the transferred amount to the holder.)

We have received the amount of \$ _____ that we are to manage according to the instructions in part B and, if applicable, part E.

Name of the receiving institution

Date (YYYY MM DD)

X _____
Signature of authorized person