

A. CLIENT IDENTIFICATION

*Full Name of Account Holder

Full Name of Joint Account Holder (if applicable)

*Address

*City

*Province

*Postal Code

Telephone Number – Home

Telephone Number – Business

*SIN

SIN (if applicable)

B. RECEIVING INSTITUTION INFORMATION

**NATIONAL BANK DIRECT BROKERAGE
ACCOUNT TRANSFERS DEPARTMENT
1010 DE LA GAUCHETIÈRE STREET WEST, MEZZ. 100
MONTREAL, QUEBEC H3B 5J2**

**FAX: 514-875-3819
CUID: NBCS
DTC: 5008
EUROCLEAR: 93044**

9 7 5 2 K 1 A A _____
*Dealer Code *Advisor Code Full Name of Contact Person

NBC Internal Transit

***NBDB Client Account Number** ***NBDB Account Type:** ***NBDB Account Currency:**

1. _____ Cash Margin Other: _____ CAD USD

2. _____ Cash Margin Other: _____ CAD USD

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**

1. _____ _____
NBC Internal Transit (if applicable)

2. _____ _____
NBC Internal Transit (if applicable)

***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)	Amount and/or Number of Units or Shares	Security Symbol and/or Policy or Certificate Number	Investment Description and/or GIC Maturity Date (YYYY-MM-DD)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

** 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(s) before the transfer.

D. CLIENT AUTHORIZATION

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

X _____
*Signature of Account Holder

*Date (YYYY-MM-DD)

X _____
Signature of Joint Account Holder (if applicable)

Date (YYYY-MM-DD)

Guaranteed Signature (for Head Office use only)