

*These fields are required

A. CLIENT IDENTIFICATION

*Full Name of Account Holder

*SIN

Full Name of Joint Account Holder (if applicable)

SIN (if applicable)

*Address

*City

*Province

*Postal Code

Telephone Number – Home

Telephone Number – Business

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
CLEARSTREAM 37220
A\$M Eligible

9 7 5 2

*Dealer Code

K 1 A A

*Advisor Code

Full Name of Contact Person

NBC Internal Transit

NBC Internal Transit

*NBDB Client Account Number

*NBDB Account Type:

*NBDB Account Currency:

1. Cash Margin Other: _____ CAD USD Other: _____

2. Cash Margin Other: _____ CAD USD Other: _____

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)	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"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>		

Balance of the account (if applicable): In Kind (as is) or 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(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. I ACKNOWLEDGE that as long as a trailing commission investment fund held in my account has not been exchanged for an identical or similar fund, which exchange shall be done without prior instructions from me, NBDB shall grant me a rebate equal to the amount of the commission received by NBDB. For more information, refer to the FAQ – Dealer Rebate, section Investment products | Mutual funds on nbdb.ca website.

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)