

A. CLIENT IDENTIFICATION

*Full Name of Account Holder _____ *SIN _____

*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
CLEARSTREAM: 37220
A\$M Eligible

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 Currency: CAD USD

*NBDB Registered Account Type (check one box only):

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

LOCKED-IN FUNDS CONFIRMATION (if applicable)

National Bank Direct Brokerage 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 to receive it, 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 _____ 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 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. 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.

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:

RRSP RRIF TFSA LIRA Locked-In RRSP RLSP (Federal Restricted)
 LIF Locked-In RRIF RLIF (Federal Restricted) 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: _____

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