NATIONAL BANK
DIRECT BROKERAGE

Check List | Print | Clear

TRANSFER AUTHORIZATION FOR REGISTERED ACCOUNT

RRSP, RRIF, TFSA, LIRA, LRSP, RLSP, LIF, LRIF, RLIF

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

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 — *Dealer Code
K 1 A A — *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)*	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)
☐	☐	☐			
☐	☐	☐			
☐	☐	☐			

** 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.

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)

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For Head Office use only Initials Date (YYYY-MM-DD)