

\*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  
800 Saint-Jacques Street, Office 55721  
MONTREAL, QUEBEC H3C 1A3

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

9752

K1AA

\*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 and applies to both account numbers above-mentioned, if applicable):

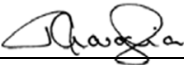
☐ RRSP☐ Spousal RRSP☐ RRIF☐ Spousal RRIF☐ TFSA

☐ 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. (National Bank Direct Brokerage 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

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) A\$M

☐ 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"/>		
<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"/>		
<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"/>		
<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) :			<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.

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T2033-702 (2024-04-16)

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For Head Office use onlyInitialsDate (YYYY MM DD)

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 and Transfers, section Investment products | Mutual funds on [nbdb.ca](#) website.

**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 FSAs 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:

- ☐ RRSP
- ☐ RRIF
- ☐ TFSA
- ☐ LIRA
- ☐ Locked-In RRSP
- ☐ RLSP (Federal Restricted)
- ☐ LIF
- ☐ Locked-In RRIF
- ☐ PRIF
- ☐ RLIF (Federal Restricted)
- ☐ FHSA
- ☐ 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

X

Date (YYYY MM DD)

Signature of authorized person