

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: 1. _____ 2. _____

*NBDB Account Type: Cash Margin Other: _____

*NBDB Account Currency: 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. _____ 2. _____

NBC Internal Transit (if applicable) _____

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)
