

**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: NBSC**  
**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 \_\_\_\_\_ \*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)
<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 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) \_\_\_\_\_