

**TRANSFER AUTHORIZATION FOR REGISTERED & NON-REGISTERED ACCOUNTS**  
(RRSP, LIRA, LRSP, RRIF, LRIF, LIF, RLIF, RLSP, PRIF, TFSA, FHSA, NON-REGISTERED)



- This form can be used for transferring the registered plans listed above except
  - RRIF to RRSP transfers,
  - RRIF, RRSP or FHSA to TFSA transfers,
  - TFSA to RRIF, RRSP or FHSA transfers,
  - Spousal RRSP to FHSA transfers (complete CRA RC720)
  - transfers due to death or marital breakdown.
- Data entered on this form may be scanned and stored electronically. Please print neatly to ensure completeness, accuracy and machine-readability.

**A: Client Identification**

Account/Policy Holder Last Name or Non-Personal Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial(s) \_\_\_\_\_ Social Insurance Number (SIN) \_\_\_\_\_  
Joint Account/In Trust For/Policy Last Name, Joint Holder/In Trust For First Name, Social Insurance Number (SIN)

Address \_\_\_\_\_ Home Telephone Number \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Business Telephone Number \_\_\_\_\_

**B: Receiving Institution Information**

**MACKENZIE FINANCIAL CORPORATION (as Agents for B2B Trustco)** Management company code: MFC  
 Receiving Institution Name \_\_\_\_\_ CLIENT RELATIONS DEPARTMENT  
 Address: **180 QUEEN STREET WEST** Contact Name \_\_\_\_\_  
 TORONTO ONTARIO M5V 3K1 Telephone Number: **( 800 ) 387-0614**  
 City Province Postal Code Telephone Number: **( 866 ) 766-6623**  
 Group Plan Number (if applicable) \_\_\_\_\_ Client Account/Policy Number \_\_\_\_\_

*For use by Mutual Fund Brokers/Dealers only*

Dealer Name \_\_\_\_\_ Dealer Number \_\_\_\_\_ Dealer Account Number \_\_\_\_\_  
 Agent Name \_\_\_\_\_ Agent Number \_\_\_\_\_ Business Telephone Number \_\_\_\_\_ Business Fax Number \_\_\_\_\_

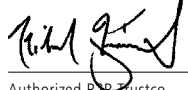
- Account Type:**
- RRSP     Spousal RRIF     RLIF  
 Spousal RRSP     LRIF     TFSA  
 LRSP     PRIF     FHSA  
 RLSP     LIRA     Non-Registered  
 RRIF     LIF

**Investment Instructions:**

Investment Name	Symbol / Fund Number	Sales Charge %	% / \$ Amount

**Locked-In Confirmation**

Mackenzie Financial Corporation, as agent for B2B Trustco, agrees to administer all locked-in funds transferred under this transfer authorization in accordance with the governing pension legislation indicated in Section E below. Any subsequent transfer of these locked-in funds to another trustee or financial institution will be made only to another registered plan, which will continue to be administered in accordance with the requirements indicated below. No transfer of locked-in funds will be permitted unless the receiving plan is appropriately registered and in compliance with the applicable pension legislation, regulations and the *Income Tax Act (Canada)*.

  
 Authorized B2B Trustco Signing Officer/Agent

**C: Client Direction to Relinquishing Institution**

Relinquishing Institution Name \_\_\_\_\_ Group Plan Number (if applicable) \_\_\_\_\_  
 Address \_\_\_\_\_ Client Account/Policy Number \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

- Transfer:** (check one box only for asset transfer instructions and an additional box if asset list is attached)
- All in kind (as is)     Cash balance only as at date of transfer by Relinquishing Institution     Partial\*; see list below or check here  if list attached  
 All in cash\*     All assets\*, but mixed in cash and in kind; see list below or check here  if list attached
- \*Please refer to statement in bold in Client Authorization section below.*

	Investment Amount	Symbol and/or Certificate Number or Policy No	Investment Description
<input type="checkbox"/> In Kind <input type="checkbox"/> In Cash <input type="checkbox"/> Shares/Units <input type="checkbox"/> Dollars			
<input type="checkbox"/> In Kind <input type="checkbox"/> In Cash <input type="checkbox"/> Shares/Units <input type="checkbox"/> Dollars			

**D: Client Authorization**

I hereby request the transfer of my account and its investments as described above.  
**\*WHERE I HAVE REQUESTED A TRANSFER IN CASH, I AUTHORIZE THE LIQUIDATION OF ALL OR PART OF MY INVESTMENTS AND AGREE TO PAY ANY APPLICABLE FEES, CHARGES OR ADJUSTMENTS.**

Signature of Account Holder \_\_\_\_\_ Date (DD/MM/YY) \_\_\_\_\_ Signature of Irrevocable Beneficiary/Former Spouse (if applicable) \_\_\_\_\_ Date (DD/MM/YY) \_\_\_\_\_  
 Signature of Joint Subscriber (if applicable) \_\_\_\_\_ Date (DD/MM/YY) \_\_\_\_\_

**E: For Use By Relinquishing Institution Only**

**Account Type:**  RRSP     LIRA     LRSP     RRIF     Qualified     Non-qualified     PRIF     RLIF     RLSP     LRIF  
 LIF     Federal LIF     Old LIF     New LIF     TFSA     FHSA  
**Non-Registered Plans**     Non Registered Investment Account     Non Registered Joint Investments Account

**Spousal Plan:**  No     Yes    If Yes: \_\_\_\_\_  
Last Name    First Name    Initial    Social Insurance Number

**Locked-In:**  No     Yes    If yes, locked-in confirmation attached     Locked-in funds: \$ \_\_\_\_\_ Governing legislation \_\_\_\_\_  
 The default is "unisex;" if sex-distinct     For Plans governed by Manitoba PBA, if Death Benefit waiver attached  
 If spouse waiver/consent form attached     Assets derived from a PRPP  
 For LIF governed by Manitoba PBA: Is the transferor aware of a one-time transfer under section 21.4 of the Manitoba PBA:  No     Yes

For LIF governed by AB, ON and MB & LRIF governed by NL and ON

Plan value on January 1: \$ \_\_\_\_\_ Transfers out in current year: \$ \_\_\_\_\_  
 Transfers in current year: \$ \_\_\_\_\_ Income payments in current year: \$ \_\_\_\_\_  
 Current year's investment earnings: \$ \_\_\_\_\_  
 Original (creation) date of plan (LRIF only): \_\_\_\_\_  
Date (DD/MM/YY)

Contact Name \_\_\_\_\_ Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Authorized Signature \_\_\_\_\_ Date (DD/MM/YY) \_\_\_\_\_