

Transfer Authorization for Nominee Accounts



A: CLIENT INFORMATION

First Name _____
 Last Name _____
 Address _____ Phone _____
 City _____ Province _____ Postal Code _____
 Social Insurance Number _____

JOINT CLIENT INFORMATION

First Name _____
 Last Name _____
 Address _____ Phone _____
 City _____ Province _____ Postal Code _____
 Social Insurance Number _____

B: RECEIVING INSTITUTION INFORMATION

Sterling Mutuals Inc.
 880 Ouellette Ave. 9th Floor
 Windsor, ON N9A1C7
 Phone: 519-256-8999
 Fax: 519-256-9730

Sterling Mutuals Inc. As Agent for the Trustee, Concentra Trust
 Specimen ID#: RRSP # 145-690 RRIF # 1249

Dealer Code: _____
 Advisor Code: _____
 Advisor Name: _____
 Dealer Account Number: _____

Plan Type: Open RRSP RRIF LIF LIRA Other: (Please specify) _____
Recipient: Individual Spousal Joint Company In - Trust

C: CLIENT DIRECTION TO RELINQUISHING INSTITUTION

Relinquishing Institution: _____
 Address: _____
 Account Number: _____
 If fees apply and cash is not available redeem: _____

- All in Kind
- All in Cash
- Partial (must complete below)
- Mixed (must complete below)

		Dollar Amount	Symbol and/or Certificate # Policy #
<input type="checkbox"/> In kind	<input type="checkbox"/> In cash		
<input type="checkbox"/> In kind	<input type="checkbox"/> In cash		
<input type="checkbox"/> In kind	<input type="checkbox"/> In cash		
<input type="checkbox"/> In kind	<input type="checkbox"/> In cash		

D: CLIENT AUTHORIZATION:

I hereby request the transfer of my investments as described above.
 I understand that it is my sole responsibility to ensure that this form has been completed accurately and in full.
 Any omissions and errors may result in delays due to rejection of the transfer by the other institution.
 Where I have requested to transfer in cash, I authorize the liquidation of all of part of my investments and agree to pay any applicable fees, charges or adjustments.
 I confirm that I have attached a recent statement from the relinquishing institution named above.
 Please cancel all open orders (PAC, SWP, AWD) for my account on your books.

Client Signature: _____ Date: _____
 Joint Signature: _____ Date: _____
 Signature Guaranteed By Representative: _____ Date: _____

E: FOR USE BY RELINQUISHING INSTITUTION – REGISTERED ACCOUNTS ONLY

RRSP LIRA LIF RLIF RRIF Qualified Non Qualified)
 Spousal Plan: Yes No If yes: Name _____ SIN (spouse) _____
 Locked In: Yes No If yes: Locked in Funds \$ _____ Governing Legislation _____
 Amount Transferred \$ _____ Contact Name _____ Phone Number: _____

Cheques are to be made payable to Sterling Mutuals Inc. In Trust and all delay/rejections are to be sent to Head Office
 This form can be used in place of T2033s except for transfers due to death.

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