

Transfer Authorization for Registered Investments (RSP, LIRA, LRSP, RIF, LRIF, LIF)

This form can be used for RSP to RSP transfers (except for transfers due to death), RSP to RIF transfers, and RIF to RIF transfers.

Please note: The data entered on this form may be scanned and stored electronically. Please print neatly in the spaces provided to ensure completeness, accuracy and machine readability.

A: Client Identification		Account/Policy Holder Last Name	First Name		Init.
Address		City			Prov
Postal Code	Social Insurance Number	Home Telephone Number	Business Telephone Number	Date of Birth	
-	- -	[] -	[] -	Y Y Y Y M M D D	

B: Receiving Institution Information <i>For use by Mutual Fund Brokers/Dealers only</i>	Meritas Mutual Funds		Client Account/Policy Number	
	c/o Citigroup Fund Services Canada Inc. 2920 Matheson Blvd. E. Mississauga, ON L4W 5J4			
			Group Plan Number (if applicable)	
Dealer Name		Dealer Number		
Advisor Name		Advisor Number		
Business Telephone Number		Business Fax Number	Dealer Account Number	
[] -		[] -		

Investment Instructions:

Registered Type:

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> RRSP | <input type="checkbox"/> RRIF |
| <input type="checkbox"/> Spousal RRSP | <input type="checkbox"/> Spousal RRIF |
| <input type="checkbox"/> LIRA | <input type="checkbox"/> LRIF |
| <input type="checkbox"/> LRSP | <input type="checkbox"/> LIF |

Name of Fund	Fund Number	Amount \$ / %

C: Client Direction to Relinquishing Institution

Relinquishing Institution Name		City		Prov
Address				
Postal Code	Group Plan Number (if applicable)	Client Account/Policy Number		
-				

Transfer:
 (check one box only)

**Please refer to statement in bold in Client Authorization section below.*

<input type="checkbox"/> All in cash* <input type="checkbox"/> All as is (in Kind) <input type="checkbox"/> All assets*, but mixed in Cash and as is (in Kind), see list below or attached list <input type="checkbox"/> Partial* - as listed below or on attached list	In Kind	In Cash	Investments Amount	Symbol and/or Certificate Number or Policy Number
	<input type="checkbox"/>	<input type="checkbox"/>		
		Shares/Unit	Dollars	Investment Description
		<input type="checkbox"/>	<input type="checkbox"/>	
		In Kind	In Cash	Investments Amount
		<input type="checkbox"/>	<input type="checkbox"/>	
		Shares/Unit	Dollars	Investment Description
		<input type="checkbox"/>	<input type="checkbox"/>	

FOR USE BY RELINQUISHING INSTITUTION Delay Delivery Until Y Y Y Y M M D D
Delay Delivery Until Y Y Y Y M M D D

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	Irrevocable Beneficiary: I consent to the transfer of the account.	Date
M A N D A T O R Y		Signature of Irrevocable Beneficiary (if applicable)	

E: For Use By Relinquishing Institution Only

Spousal Plan: <input type="checkbox"/> No <input type="checkbox"/> Yes - if yes:		Last Name	
		First Name	Init. Social Insurance Number
			- -
Locked In:		Locked-In Funds	Governing Legislation
<input type="checkbox"/> No <input type="checkbox"/> Yes - confirmation attached		\$	
Contact Name		Telephone Number	Fax Number
		[] -	[] -
Authorized Signature		Date	
		Y Y Y Y M M D D	