

Name and address of the financial institution

TO: _____

PART 1 SUBJECT: REQUEST OF TRANSFER FOR REGISTERED INVESTMENTS

CLIENT IDENTIFICATION

| | | | | | | | | | | | | | | | | | | | |
|-----------|--|--|--|--|--|--|--|--|--|-------------------|--|--|--|--|-------------------------|--|--|--|--|
| Last Name | | | | | | | | | | First Name | | | | | | | | | |
| Address | | | | | | | | | | | | | | | Social Insurance Number | | | | |
| City | | | | | | | | | | Prov. Postal Code | | | | | Telephone Number | | | | |

I request the transfer of the registered investment identified below in favor of Desjardins Financial Security Life Assurance Company located at: _____

PART 2

FROM: _____ TO: **DESJARDINS FINANCIAL SECURITY LIFE ASSURANCE COMPANY**
(Do not issue a receipt for tax purposes)

Product to be transferred

Product to be credited

- RRSP
- LIRA
- LRSP

- RRIF
- LIF

- RRSP
- LIRA
- LRSP

- RRIF
- LIF

Account Number _____

Account Number _____

Certificate Number _____

Registration Number and Name of Registered Plan _____

Maturity date _____
Month Day Year

Type of transfer

- Total, approximative amount: \$ _____
- the lump sum: \$ _____
- _____ payments of: \$ _____

representing total or partial withdrawal of my RRSP: in cash in kind

Payment and/or transfer instructions

Please send the transfer and/or a cheque made payable to the receiving institution at the following address:

- Above-mentioned receiving institution
- other address: _____

Attention: _____

Signature of annuitant _____ Date _____

Signature of irrevocable beneficiary (if applicable) _____ Date _____

By:

Signature of authorized person _____ Date _____

Dealer Name (Service Provider) _____

Dealer Code _____ Branch Code _____

Representative Name or Trainee (Trainee applies to Quebec only) _____

Rep. Code _____

PART 3 FOR USE BY RELINQUISHING INSTITUTION

(Do not issue a T4RIF, T4RSP, or Rel 2 for the amount transferred)

We have transferred the amount of \$ _____ from the above-mentioned account and confirm that the RRIF minimum has been met for the calendar year.

Type of Registered Plan RRSP LIRA LRSP RRIF : Qualified LIF Non Qualified

Spousal Plan No Yes — if Yes: _____ Last Name and First Name _____ S.I.N. _____

Locked-in No Yes — locked-in confirmation attached _____ \$ _____ Locked-in funds _____ Governing Legislation _____

Contact Name _____ Telephone Number () _____ Fax Number () _____

Authorized signature _____ Date **MMDDYYYY**