

TRANSFER AUTHORIZATION FOR REGISTERED INVESTMENTS (RRSP, LIRA, LRSP, RRI, LRIF, LIF, RLIF, RLSP, PRIF, TFSA)

This form can be used for transferring the registered plans listed above **except** (1) RRI to RRSP transfers, (2) RRI or RRSP to TFSA transfers, (3) TFSA to RRI or RRSP transfers, (4) transfers due to death and (5) transfers due to marital breakdowns. **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.

1. CLIENT IDENTIFICATION

MR. MRS. MISS MS DR.

SURNAME FIRST NAME AND INITIALS

ADDRESS

CITY PROVINCE

POSTAL CODE EMAIL ADDRESS

HOME TELEPHONE () BUSINESS TELEPHONE () - EXT.

SOCIAL INSURANCE NUMBER (MANDATORY) DATE OF BIRTH (MANDATORY)

DAY MONTH YEAR

2. RECEIVING INSTITUTION INFORMATION

1832 ASSET MANAGEMENT L.P., AS AGENT FOR THE BANK OF NOVA SCOTIA TRUST COMPANY
 Dynamic Funds Tower, 1 Adelaide St. E., Ste. 2900, Toronto, ON M5C 2V9, Tel: 416-363-5621, TOLL FREE 1-866-977-0477, Fax: 416-363-4179

GROUP PLAN NUMBER (if applicable) CLIENT ACCOUNT/POLICY NUMBER

DEALER NUMBER (MANDATORY) ADVISOR NUMBER (MANDATORY) DEALER ACCOUNT NUMBER

DEALER NAME ADVISOR NAME

BUSINESS TELEPHONE () - EXT. FAX NUMBER ()

REGISTERED TYPE:

RRSP SPOUSAL RRSP LIRA LRSP RRI SPOUSAL RRI LRIF LIF RLIF RLSP PRIF TFSA

INVESTMENT INSTRUCTIONS

AS PER THE DYNAMIC APPLICATION FORM

FUND NAME	FUND CODE FE	FE FEE* %	FUND CODE LL	FUND CODE DSC	AMOUNT <input type="checkbox"/> \$ <input type="checkbox"/> %
					TOTAL

If a new account is to be opened, please attach a Dynamic application form.
***Front end fee is zero unless otherwise specified.**

3. CLIENT DIRECTION TO RELINQUISHING INSTITUTION

RELINQUISHING INSTITUTION NAME

ADDRESS

CITY PROVINCE POSTAL CODE

GROUP PLAN NUMBER (if applicable) CLIENT ACCOUNT/POLICY NUMBER

TRANSFER (Check one box only):

ALL IN CASH* ALL AS IS (IN KIND) ALL ASSETS* BUT MIXED IN CASH AND AS IS (in kind), (see list below or on attached list) PARTIAL* (as listed below or on attached list)

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

	INVESTMENT AMOUNT	SYMBOL AND/OR CERTIFICATE NUMBER OR POLICY NUMBER	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			
<input type="checkbox"/> IN KIND <input type="checkbox"/> IN CASH <input type="checkbox"/> SHARES/UNITS <input type="checkbox"/> DOLLARS			

4. 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 DAY MONTH YEAR

Irrevocable beneficiary: I consent to the transfer of the account.

SIGNATURE OF IRREVOCABLE BENEFICIARY (if applicable) DAY MONTH YEAR

5. FOR USE BY RELINQUISHING INSTITUTION ONLY

REGISTERED TYPE: RRSP LIRA LRSP LRIF RRI: QUALIFIED NON QUALIFIED
 PRIF RLIF RLSP TFSA LIF: FEDERAL LIF OLD LIF NEW LIF

SPOUSAL PLAN: NO YES - IF YES, COMPLETE THE FOLLOWING SPOUSAL INFORMATION:

SPOUSAL INFORMATION

FIRST NAME & INITIALS SURNAME

SOCIAL INSURANCE NUMBER (MANDATORY/REQUIRED BY CRA) DATE OF BIRTH (MANDATORY)

DAY MONTH YEAR

LOCKED-IN INFORMATION - LOCKED-IN CONFIRMATION ATTACHED

LOCKED-IN FUNDS \$ GOVERNING LEGISLATION

CONTACT NAME

TELEPHONE NUMBER () FAX NUMBER ()

AUTHORIZED SIGNATURE DAY MONTH YEAR