



www.CanoeFinancial.com

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Canoe Financial

c/o International Financial Data Services

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APPLICATION FORM

Transfer Authorization for
Registered Investments &
Tax-Free Savings Accounts

1. INVESTOR/HOLDER INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Initial
Date of Birth dd/mm/yyyy	SIN (mandatory)	Phone Number	
Street Address	Apt/Suite	City, Province	Postal Code

2. INSTITUTION INFORMATION

Receiving Institution Name Canoe Financial		Contact Name Transaction Processing	
Street Address c/o International Financial Data Services 30 Adelaide Street East	Apt/Suite Suite 1	City, Province Toronto, ON	Postal Code M5C 3G9
Group Plan Number (if applicable)		Client Account/Policy Number	
Dealer Name		Dealer Number	
Rep Name	Rep Number	Phone Number	Fax Number

Registered Type:	Investment Name	Fund Code	%/ \$ Amount
<input type="checkbox"/> RRSP <input type="checkbox"/> RRIF <input type="checkbox"/> LIRA			
<input type="checkbox"/> Spousal RRSP <input type="checkbox"/> Spousal RRIF <input type="checkbox"/> LIF			
<input type="checkbox"/> LRSP <input type="checkbox"/> LRIF <input type="checkbox"/> RLIF			
<input type="checkbox"/> RLSP <input type="checkbox"/> PRRIF <input type="checkbox"/> TFSA			

International Financial Data Services Ltd. as agent for Canoe Financial LP, agrees to administer all locked-in funds transferred under the transfer authorization in accordance with the governing pension legislation indicated in Section 5 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 International Financial Data Services Ltd. Signing Officer/Agent

3. CLIENT DIRECTION TO RELINQUISHING INSTITUTION

Relinquishing Institution Name			
Street Address	Apt/Suite	City, Province	Postal Code
Group Plan Number (if applicable)		Client Account/Policy Number	

Transfer: (check one box only for asset transfer instruction and an additional box if asset list is attached)

<input type="checkbox"/> All in kind (as is)	<input type="checkbox"/> Cash balance only as at date of transfer by relinquishing Institution	<input type="checkbox"/> Partial, see list below <input type="checkbox"/> OR check here if list attached
<input type="checkbox"/> All in cash	<input type="checkbox"/> All assets, but mixed in cash and in kind; see list below <input type="checkbox"/> OR check here if list attached	

	Investment Amount	Fund Code and/or Certificate Number or Policy Number	Investment Description
<input type="checkbox"/> In kind <input type="checkbox"/> In Cash <input type="checkbox"/> Share/units <input type="checkbox"/> Dollars			
<input type="checkbox"/> In kind <input type="checkbox"/> In Cash <input type="checkbox"/> Share/units <input type="checkbox"/> Dollars			

4. YOUR SIGNATURE

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.

Date (dd/mm/yyyy)	Signature of Account Holder
Date (dd/mm/yyyy)	Signature of Irrevocable Beneficiary/Former Spouse (if applicable)

5. RELINQUISHING INSTITUTION

Registered Type:				Spousal Plan:			
<input type="checkbox"/> RRSP	<input type="checkbox"/> LIRA	<input type="checkbox"/> LRSP	<input type="checkbox"/> TFSA	<input type="checkbox"/> No <input type="checkbox"/> Yes, if yes:			
<input type="checkbox"/> RRIF:	<input type="checkbox"/> RLIF	<input type="checkbox"/> RLSP	<input type="checkbox"/> LRIF	Last Name	First Name	Initial	SIN (mandatory)
<input type="checkbox"/> Qualified	<input type="checkbox"/> LIF:						
<input type="checkbox"/> Non-Qualified	<input type="checkbox"/> Federal LIF	<input type="checkbox"/> Old LIF					
<input type="checkbox"/> Prescribed	<input type="checkbox"/> New LIF						
Locked-In:							
<input type="checkbox"/> No <input type="checkbox"/> Yes, if yes, locked-in confirmation attached							
<input type="checkbox"/> Locked-in funds:		\$	Governing Legislation				

- The default is "unisex;" if sex-distinct, check here
- If spouse waiver/consent form attached, check here
- For LIF governed by Manitoba PBA: Is the transferer aware of a one-time transfer under section 21.4 of the Manitoba PBA: No Yes
- For plans governed by Manitoba PBA, if Death Benefit waiver attached, check here

For LIF governed by AB and ON and MB and 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):	

6. RELINQUISHING INSTITUTION CONTACT NAME

<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss	Last Name	First Name	Initial
<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			
Phone Number		Fax Number	
Date (dd/mm/yyyy)	Authorized Signature		