CANADIAN WESTERN TRUST
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How to complete CWT's Transfer Authorization for Registered Investments

CANADIAN WESTERN TRUST
Canadian Western Bank Group

Transfer Authorization for Registered Investments *(RSP, LIRA, LRSP, RIF, LRIF, LIF, PRIF, RLSP, RLIF, TFSA)*
This form can be used for RSP to RSP transfers (except for Education Savings Plans or transfers due to death), RSP to RIF transfers, RIF to RIF transfers and TFSA to TFSA 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 Information

Account/Policy Holder Last Name | First Name
Address
City | Pro
Social Insurance Number | Home Telephone Number ( ) | Business Telephone ( )

Part A – Client Information
- Client last and first name
- Complete address
- Email address
- Client's Social Insurance Number
- Telephone number

B: Receiving Institution Information

Receiving Institution Name: CANADIAN WESTERN TRUST | Contact Name
Address: 300 - 750 CAMBIE STREET
City | Prov.: BC | Postal Code: V6B 0A2
Fax Number: 604-669-6069 | Group Plan Number (if applicable)

INTERMEDIARY CODE "AETN"

Dealer Number
Agent Number

Dealers Only
Home Telephone Number ( ) | Business Telephone Number ( ) | Group Plan Number (if applicable)

Part B – Receiving Institution Information
- Client account number at Canadian Western Trust (if known)
- Dealer Information if Mutual Fund Dealer appointed for the account
- Dealer name & number
  - Agent name & number
  - Agent Telephone number

Self Directed Registered Type

☐ Retirement Saving Plan *(RSP)* ☐ Spousal RSP ☐ Locked-In Registered Account *(LIRA)* ☐ Lif
☐ Retirement Income Fund *(RIF)* ☐ Spousal RIF ☐ Locked-In RIF ☐ Locked-In RSP ☐ Pc
☐ Restricted Life Savings Plan *(RLSP)* ☐ Restricted Life Income Fund *(RLIF)* ☐ Tax Free Savings Accou

Self-Directed account type
- Check one only; separate transfer forms are required for separate accounts

C: Client Direction to Relinquishing Institution

itution Name
Prov. | Postal Code
Group Plan Number (if applicable) | Client Account/Policy Number

Part C – Client Direction to Relinquishing Institution
- Relinquishing Institution's name
- Relinquishing Institution's Address
- Client Account number at Relinquishing Institution

Transfer: (check one box only)

☐ All in Cash* - All assets in the account to be liquidated
☐ All as is (in Kind) - No assets to be liquidated
☐ All assets*, but mixed in Cash and as is (in Kind), see list below or attached list

*Please refer to the bolded statement in section *D:Client's Authorization* below.

In Kind	In Cash	Investments Amount	Symbol and/or Certificate Number or Policy Number	Investment Descri
☐	☐			
☐	☐			
☐	☐			

Check one box only to determine how the account will be transferred to CWT:
- Full transfer in cash – all assets to be liquidated at relinquishing institution and cash transferred to Canadian Western Trust
- Full transfer in kind – all assets being transferred as is, any remaining cash balance to be transferred in cash
- All Assets but Mixed – specify which assets to come in cash and which ones to come as is in the area provided, or attach a separate list signed by the client
- Partial transfer – list which assets are to be transferred to CWT in the area provided. Specify if the asset is to be transferred in cash or kind (as is)

Include an asset listing or a recent statement for the account being transferred

D:

I hereby request the transfer of my account and its assets described above. **WHERE I HAVE RE AUTHORIZE THE LIQUIDATION OF ALL OR PART OF MY INVESTMENT AND AGREE R ADJUSTMENTS.**

ccount Holder | Date (MM/DD/YYYY)

Part D – Client's Authorization
- Client to sign and date form

E: For Use by Relinquishing Institution Only

Registered Type: ☐ RSP ☐ LIRA ☐ LRSP ☐ LIF ☐ Pooled LIF ☐ LRIF ☐ RIF ☐ RLSP ☐ RLIF ☐ TFSA
☐ ON New LIF
☐ ON Old LIF

Spousal Plan: ☐ NO ☐ YES - if yes; | Spousal First Name | Init
Spousal Last Name | Spousal Social Insurance Number

Locked in: ☐ NO ☐ YES
Locked-in confirmation attached | Locked in Funds $ | Governing Legislation
Contact Name | Telephone Number ( ) | Fax Number ( )
Authorized Signature | Date (MM/DD/YYYY)

Form TC003 01/2009

IMPORTANT NOTE:
Do not complete more than one transfer form if the assets are coming from the same account at the relinquishing institution. If you need more space to list assets, please attached a separate signed sheet indicating your request.