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once the account is open.



delays.

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. **Client Identification** ✓ Mr. Smith John ☐ Mrs Account / Policy Holder Last Name First Name Initials 351 King St E **Toronto** ON M5A 2W4 000 000 000 416-123-4567 **Business Telephone Number** Receiving Institution Information This information must match the Receiving Institution CLINVESTMENT SERVICES INC. C/O: ACCOUNT TRANSFERS records at the Client Account Number relinguishing 199 Bay Street, Suite 2600, P.O. BOX 108, Toronto, ON, M5L 1E2 institution. Discrepancies here Contact Name will likely cause 5085 BBSM 7 8 9 9 B | B | S | 7 1.877.310.1088 416-288-8611 transfer@virtualbrokers.com Rep. No CUID# DTC# Dealer Contact Telephone Number Fax Number E-mail Registered type - RSP574-529 Registered type - RIF1329 ON ☐ Spousal RRSP ☐ LRSP ☑ LIRA ☐ Spousal RRIF ☐ LRIF LIF -Province Province Tax Free Saving Account Type - TFSA05740139 ☐ TFSA For LIF & LIRA, we need to know These details must be for the institution where the account is legislated. Client Direction to Relinquishing Institution that holds the assets. Not the account Manulife Mutual Funds administrator (if different). 500 King St North, Del Stn 500 G-B, Waterloo, Ontario, Canada N2J 4C6 **Province** Postal Code 18001111 lient Account / Policy Number Group Plan Number (If applicable) Transfer (check one box only) All in kind All in cash\* Partial\* - as listed below or on attached list All assets\* mixed in cash and in kind (as is), see list below or attached list In Kind **Investment Amount** Symbol and/or Certificate Number or Policy Number 0R This is our default In Cash transfer. If you would like to make other **Investment Description** arrangements, please contact us. ☐ In Kind Investment Amount Symbol and/or Certificate Number or Policy Number OR ☐ In Cash **Investment Description** In Kind Investment Amount Symbol and/or Certificate Number or Policy Number OR ☐ In Cash **Investment Description Client Authorization** I hereby request the transfer of my account and its investments as described above PLEASE CANCEL ALL OPEN ORDERS (G.T.C. / SWF / PAC, ETC.) FOR MY ACCOUNT(S) ON YOUR BOOKS. \* Where I have requested a transfer in cash, I authorize the liquidation of all or part of my investments. I agree to pay any applicable fees, charges or Tancence Smith I consent to the transfer of the account. Dec 13, 2018 nature of Account Holder Signature of Irrevocable Beneficiary (if applicable) Date For use By Relinquishing Institution Only If the client uses an Please provide book value for equities. e-signature here, the relinquishing Registered type RRSP LIRA ☐ LRSP ☐ Qualified RRIF ☐ Non Qualified RRIF ☐ LRIF ☐ LIF ☐ TFSA □ OTHER institution may reject Spousal Plan the forms. No Yes - If yes Last Name First Name Initial Social Insurance Number Locked-in confirmation attached Locked-in funds Governing Legislation Contact Name Telephone Number Fax Number

(10-2018)

**Authorized Signature** 

Date