

199 Bay Street, Suite 2600, P.O. Box 108 Toronto, ON, M5L 1E2
Tel: 1.877.310.1088 **Fax:** 416.288.8611

Authorization to Transfer NON-REGISTERED ACCOUNT(S) ONLY

These details must be for the institution that holds the assets. Not the account administrator (if different).

CLIENT INFORMATION

John Smith

CLIENT NAME

351 King St E

ADDRESS

Toronto

ON

M5A 2W4

CITY

PROVINCE

POSTAL CODE

416-123-4567

TELEPHONE

0 0 0 0 0 0 0 0 0

SOCIAL INSURANCE NUMBER

0 0 0 0 0 0 0 0 0

JOINT-ACCOUNT HOLDER
SOCIAL INSURANCE NUMBER

(Complete only if you are transferring a joint account)

This information must match the records at the relinquishing institution. Discrepancies here will likely cause delays.

DELIVERING INSTITUTION INFORMATION

Manulife Mutual Funds

INSTITUTION NAME

500 King St North, Del Stn 500 G-B

ADDRESS

Waterloo

ON

N2J 4C6

CITY

PROVINCE

POSTAL CODE

CONTACT

TELEPHONE

RECEIVING INSTITUTION INFORMATION

ICI Investment Services Inc.

ACCOUNT TRANSFERS DEPARTMENT

199 Bay Street, Suite 2600

P.O. Box 108

Toronto, Ontario, M5L 1E2

Telephone: (1) 877-310-1088 Fax: (416) 288-8611

Email: Transfer@virtualbrokers.com

CUID: BBSM DTC: 5085 DEALER: 7899

This is my authorization to you to deliver to The Receiving Institution the account(s) you are carrying for me and to the Receiving Institution this account(s). This includes all securities long and short and debit or credit balance. Delivery is to be made by the Receiving Institution of all securities short against payment. These instructions are given subject to the Receiving Institution approval of my account(s).

ACCOUNT INFORMATION

ACCOUNT NUMBER(S) AT
DELIVERING INSTITUTION

CAN or US

ACCOUNT NUMBER(S) AT
RECEIVING INSTITUTION

1. 18001111

☒

☐

2. ☐ ☐

3. ☐ ☐

This will be filled out by WealthBar once the account is open.

TRANSFER INSTRUCTIONS

(CHECK ONE BOX ONLY)

☐ All in kind (as is);

☒ All in cash¹;

☐ Partial (as listed below or on the attached list);

☐ All assets Mixed – in cash¹ and in kind (as is) (as listed below or on the attached list).

This is our default transfer. If you would like to make other arrangements, please contact us.

ASSET LIST (Only for partial or mixed instructions)

| | | | |
|---|----------------------|---|----------------------|
| 1. <input type="checkbox"/> in kind OR <input type="checkbox"/> in cash ¹ | Security Description | 3. <input type="checkbox"/> in kind OR <input type="checkbox"/> in cash ¹ | Security Description |
| 2. <input type="checkbox"/> in kind OR <input type="checkbox"/> in cash ¹ | Security Description | 4. <input type="checkbox"/> in kind OR <input type="checkbox"/> in cash ¹ | Security Description |

CLIENT ACKNOWLEDGEMENT & CONSENT

In the event that, for any reason, any of the securities held for my account cannot be delivered to The Receiving Institution in accordance with this instruction, I request that you contact me in writing immediately, indicating the security affected and the reason for the inability to deliver. I acknowledge that you may require a fee to be paid prior to delivery of this account(s) and hereby instruct The Receiving Institution to pay or have deducted from any credit balance with you this fee in accordance with your current published schedule. I have also requested The Receiving Institution to act on behalf in the resolution of any incidental account differences or adjustments which may arise with you as a result of this transfer request.

PLEASE CANCEL ALL OPEN ORDERS (e.g. GTC, GTD) FOR MY ACCOUNT(S) ON YOUR BOOKS.

If the client uses an e-signature here, the relinquishing institution may reject the forms.

John Smith

CLIENT NAME

Laurence Smith

CLIENT SIGNATURE

Dec 13, 2018

DATE

JOINT ACCOUNT HOLDER NAME

(Complete only if you are transferring a joint account)

JOINT ACCOUNT HOLDER SIGNATURE

(Complete only if you are transferring a joint account)

DATE

¹ Where I have requested a transfer in cash, I authorize the full liquidation of all or part of my investments as indicated.