

IMPORTANT

You must:

- Print 4 copies of this form
- Send the original copy to the relinquishing institution
- Send a copy to your service centre (Quebec, Vancouver or Toronto)
- Give a copy to the client
- Keep a copy for your files

This form can be used for transferring the registered plans listed above, **except** RRIF to RRSP transfers, RRIF or RRSP to TFSA transfers, TFSA to RRIF or RRSP transfers, transfers due to death and transfers due to marital breakdowns. The information on this form can be digitized and stored electronically. Please write legibly in capital let- ters and make sure that the information provided is complete, accurate and can be read electronically.Á

Note: You do not have to use this form. If, as the transferor, you provide the transferee with the information required to correctly complete the transfer (e.g., funds are from a locked-in plan, a spousal plan or a qualifying RRIF), you can use the method of documentation of your choice.Á

SECTION A Client identification

First name and Initials _____ Policyholder's last name / AccountÁ _____

Social Insurance Number _____ Telephone numberÁ _____

Address _____ City _____ Province _____ Postal codeÁ _____

SECTION B Receiving institution information

Make cheque to the order of: **Industrial Alliance Insurance and Financial Services Inc.**

Send the cheque to: **IRS2525 Department** **IRO2519 Department** **Transfer department**

1080 Grande Allée West 522 University Avenue, Suite 400 2165 Broadway West
 PO Box 1907, Station Terminus Toronto, ON M5G 1Y7 PO Box 5900
 Quebec City, QC G1K 7M3 Telephone: 416-585-8880Á Vancouver BC V6B 5H6
 Telephone: 1-888-519-5155Á Telephone: 604-734-1667Á

Or to the agency, to the following address:Á _____

Address (cont'd) _____ City _____ Province _____ Postal codeÁ _____

Agent _____ Telephone number _____ Fax number _____ Agent code _____ Agency codeÁ _____

Client contract numberÁ _____

Please attach F17A application or investment instructions (F51-153A-1) with the copy of this form sent to your service center or indicate investment instructions below if the account is already issued:

Fund number	\$ or %	Fund number	\$ or %Á

Registration type:Á

RRSP Spousal RRSP RRIF
 Spousal RRIF LIRA Locked-in RSPÁ
 Life annuity Prescribed RIF RLIFÁ
 RLSP Non registered TFSA LIFÁ

Locked-in confirmation

Authorized signature

Industrial Alliance Insurance and Financial Services Inc., as agent for _____ (client name), acknowledges that all locked-in funds from the registered plan noted in the Client's instructions to relinquishing institution section below will be transferred to the registered plan type noted and will continue to be administered in accordance with the governing pension legislation or contractual provisionsÁ of _____ (indicate applicable legislation) (if jurisdiction = Ontario, specify, old plan (contract issued before January 1, 2008) new plan (contract issued on or after January 1, 2008). Any subsequent transfer of these locked-in funds to another trustee or financial institution will be made only to another registered plan, which must continue to be administered in accordance with legislation of the jurisdiction noted above. 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) and appears on the Superintendent's List of Financial Institutions authorized to admin-Á ister funds in the jurisdiction noted above (if applicable).Á

First name _____ Last nameÁ _____

Signature _____ DateÁ _____

SECTION C Client's instructions to relinquishing institution

Relinquishing institution's nameÁ _____

Address _____ City _____ Province _____ Postal codeÁ _____

Client policy number _____ Group plan number (if applicable)Á _____

Transfer (Check one box only): **All, in cash*** **Partial, in cash - as listed below or on attached list*.** **All matured units***

*Please refer to statement in bold in **Client authorization** section below.Á

Investment amount _____ Certificate number/policy number _____ Investment descriptionÁ _____

SECTION D Client authorization

I hereby request the transfer of my account and its investments as described above.

I have requested a transfer in cash, and I therefore authorize the liquidation of all or part of my investments and agree to pay any applicable fees, charg-Á es or adjustments to the relinquishing institution.Á

Signature of policyholder _____ DateÁ _____

Signature of irrevocable beneficiary (if applicable), Irrevocable beneficiary: I consent to the transfer of the account _____ DateÁ _____

SECTION E For use by relinquishing institution only

Registration type:Á

RRSP* RRIF* → Qualified Non-qualifiedÁ
 LIRA Locked-in RSP
 RLIF Prescribed RIF LIFÁ
 TFSA RLSP Non registeredÁ

*Spousal Plan: No Yes. If yes:

Spouse's Social Insurance Number _____ Spouse's last name _____ First name and initialsÁ _____

• Plan default is "Unisex"; if sex-specific, check here.
 • If spouse waiver/consent form attached, check here.

Contact name _____ Telephone number _____ Fax numberÁ _____

Authorized signature _____ DateÁ _____

Locked-in Funds: No YesÁ

Locked-In Funds amount _____ Applicable legislationÁ _____

\$: _____

Amount paid in the transfer year _____

\$: _____