



# Authorization to Transfer Registered Account

## RECEIVING INSTITUTION INFORMATION:

Canadian ShareOwner Investments Inc.  
 170 University Avenue, Suite 704  
 Toronto, ON M5H 3B3  
 Phone # (416) 595-7200

**FINS # T003 CUID # CSIT**

E-mail: [customercare@ShareOwner.com](mailto:customercare@ShareOwner.com)

## RELINQUISHING INSTITUTION INFORMATION:

Name: \_\_\_\_\_ FINS/CUID # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Account Owner Identification** - Please fill this section out completely  Mr.  Mrs.  Ms.  Dr.

\_\_\_\_\_  
 Last Name First Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City Province Postal Code

( ) ( )

\_\_\_\_\_  
 Social Insurance Number Home Telephone Business Telephone

\_\_\_\_\_  
 Canadian ShareOwner Investments Inc. Account Number (if applicable) E-mail

## Account Owner Direction to Relinquishing Institution - Please fill this section out completely

\_\_\_\_\_  
 Account Number

Transfer (check one box only)  All in Kind (as is)  All in cash\*  Partial\* -as listed below or attached list.  All assets\* -but mixed in cash and in Kind (as is) use list below or attached list  List Attached

In Kind { or Cash {	<input type="checkbox"/> Dollars	Investments Amount	Symbol and or Certificate Number or Policy Number
	<input type="checkbox"/> Shrs/Units	Investments Description	
In Kind { or Cash {	<input type="checkbox"/> Dollars	Investments Amount	Symbol and or Certificate Number or Policy Number
	<input type="checkbox"/> Shrs/Units	Investments Description	
In Kind { or Cash {	<input type="checkbox"/> Dollars	Investments Amount	Symbol and or Certificate Number or Policy Number
	<input type="checkbox"/> Shrs/Units	Investments Description	

## Account Owner Authorization - Please fill this section out completely

I hereby request a transfer of my account(s) as directed above. Please cancel all open orders (G.T.C./SWP/PAC etc.)/for my accounts(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 adjustments (as per disclosure on reverse.)

**Signature Required**

Signature of Account Owner: \_\_\_\_\_ Date mm/dd/yy \_\_\_\_\_ Irrevocable Beneficiary. I consent to the transfer of the account \_\_\_\_\_ Date mm/dd/yy \_\_\_\_\_  
 I have read the disclosure and authorize transfer as above. Signature of irrevocable beneficiary (if applicable)

## For Use by Relinquishing Institution Only

Registered Type:  RRSP  SPOUSAL IF SPOUSAL → Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ SIN: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_