



Financial
Group

TRANSFER AUTHORIZATION FOR REGISTERED AND NON-REGISTERED INVESTMENTS

F51-147A

District code

Advisor code

iA Financial Group Advisor

Advisor Telephone number

Extension

IMPORTANT

- You must:
- Send the original copy to the relinquishing institution
 - Send a copy to your service centre
 - Submit F17A application for contract issue

This form can be used for transferring the registered and non-registered plans, **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.

Please write clearly in block letters. Remember to sign and date the form.

SECTION A

Client
identification

Client contract/NP number

First name

Last name

Social Insurance Number

Telephone number

Address

City

Province

Postal Code

SECTION B

Receiving
institution
information

*Section B is to
be completed
by the advisor*

Write on the cheque the client's name and contract/NP number from Section A above.

Make the cheque payable to **Industrial Alliance Insurance and Financial Services Inc.** and send it to the following address:

☐ **IRS2525 Department**

1080 Grande Allée West
PO Box 1907, Station Terminus
Quebec City, QC
G1K 7M3
Fax: 1-855-685-5161

☐ **IRO2519 Department**

522 University Avenue
Suite 400
Toronto, ON
M5G 1Y7
Fax: 1-800-810-0197

☐ **IRS4112 Department**

400-988 Broadway West
PO Box 5900
Vancouver, BC
V6B 5H6
Fax: 1-833-832-7474

☐ **Agency** (enter contact information)

Address: _____
City: _____
Postal Code: _____
Fax: _____

Registration type:

- | | | | |
|--|-------------------------------|---|-------------------------------|
| <input type="checkbox"/> RRSP | <input type="checkbox"/> LIRA | <input type="checkbox"/> Life annuity | <input type="checkbox"/> RRIF |
| <input type="checkbox"/> Spousal RRSP | <input type="checkbox"/> PRIF | <input type="checkbox"/> Locked-in RRSP | <input type="checkbox"/> TFSA |
| <input type="checkbox"/> Spousal RRIF | <input type="checkbox"/> LIF | <input type="checkbox"/> RLIF | <input type="checkbox"/> RLSP |
| <input type="checkbox"/> Non-registered (open) | | | |

Retirement jurisdiction: _____

Industrial Alliance Insurance and Financial Services Inc. agrees to administer all locked-in funds transferred under this transfer authorization in accordance with the governing pension legislation in the jurisdiction indicated above. Any subsequent transfer of these locked-in funds to another trustee or financial institution will be made only to another registered plan, which will continue to be administered in accordance with the requirements of the applicable jurisdiction. No transfer of locked-in funds will be permitted unless the receiving plan is appropriately registered and authorized and is in compliance with the applicable pension legislation, regulations and the *Income Tax Act* (Canada).

Investment instructions

- ☐ Daily Interest Fund+: _____ % or _____ \$
(The amounts will be invested according to the AIT if applicable)
- ☐ High Interest Savings Account: _____ % or _____ \$
- ☐ Investment fund: _____ % or _____ \$

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

☐ Guaranteed Interest Fund (GIF): _____ % or _____ \$

Amount	Interest type	Term
	<input type="checkbox"/> Simple	<input type="checkbox"/> 1 month
	<input type="checkbox"/> Compound (by default)	<input type="checkbox"/> _____ years

Locked-in
confirmation

*Please complete
Section D with the
necessary signatures.*

SECTION C

Client's
instructions
to relinquishing
institution

Relinquishing institution's name

Address

City

Province

Postal Code

Client policy number

Group plan number (if applicable)

Transfer (Check one box only):

☐ All, in cash

☐ Partial, in cash - as listed below or on attached list

☐ All matured units

Investment amount

Certificate number/policy number

Investment description

SECTION D

Statement and
signatures

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, charges or adjustments to the relinquishing institution.

I, the irrevocable beneficiary, consent to the transfer of the account.

X

Applicant

X

Authorized signatory/advisor

X

Irrevocable beneficiary

Date

SECTION E

For use by
relinquishing
institution only

*For more information,
call 1-844-442-4636
or fax the appropriate
service centre indicated in
Section B (attach a copy
of the request).*

To be completed by the relinquishing institution, or attach a letter confirming the original contract information.

Plan type:

- | | | |
|--------------------------------|---|---|
| <input type="checkbox"/> RRSP* | <input type="checkbox"/> RRIF* → <input type="checkbox"/> Qualified | <input type="checkbox"/> Non-qualified |
| <input type="checkbox"/> LIRA | <input type="checkbox"/> Locked-in RRSP | <input type="checkbox"/> VRSP |
| <input type="checkbox"/> PRIF | <input type="checkbox"/> RLIF | <input type="checkbox"/> RLSP |
| <input type="checkbox"/> TFSA | <input type="checkbox"/> LIF | <input type="checkbox"/> Non-registered |

* Spousal Plan: ☐ No ☐ Yes. If yes:

Insurance Number

Spouse's last name

Spouse's first name and initials

• Plan default is "Unisex"; if sex-specific, check here. ☐

• If spouse waiver/consent form attached, check here. ☐

Contact name

Telephone number

Fax number

Authorized signature

Date

X

Locked-in Funds: ☐ No ☐ Yes

Locked-In Funds amount

Applicable legislation

\$

Amount paid in the transfer year

\$

