

A: Client Identification

Account/Policy Holder Last Name _____ First Name _____ Init. _____

Address _____

City _____ Prov. _____ Postal Code _____

Social Insurance Number _____ Home Telephone Number _____ Business Telephone Number _____

B: Receiving Institution Information

Receiving Institution Name
EDUCATORS FINANCIAL GROUP INC.

Address
2225 SHEPPARD AVENUE EAST SUITE 1105

City _____ Prov. _____ Postal Code _____
TORONTO ON M2J 5C2

Telephone Number _____ Fax Number _____
416-752-6843 416-752-6649

Client Account/Policy Number _____

Dealer Name _____ Dealer Number _____
EDUCATORS FINANCIAL GROUP INC. 9141

Agent Name _____ Agent Number _____

Business Telephone Number _____ Business Fax Number _____ Dealer Account Number _____
416-752-6843 416-752-6649

For use by
Mutual Fund
Brokers/Dealers
only

Investment Instructions:

Registered Type:
 RRSP
 RRIF
 Spousal RRSP
 Spousal RRIF
 LIRA
 LIF
 TFSA

Investment Name	Symbol	%/ \$ Amount

C: Client Direction to Relinquishing Institution

Relinquishing Institution Name _____

Address _____

City _____ Prov. _____ Postal Code _____

Group Plan Number (if applicable) _____ Client Account/Policy Number _____

Transfer: (check one box only)
 All in cash* All as is (in Kind) All assets*, but mixed in Cash and as is (in Kind), see list below or attached list Partial* – as listed below or on attached list

**Please refer to statement in bold in Client Authorization section below.*

In Kind		In Cash		Investments Amount	Symbol and/or Certificate Number or Policy Number	FOR USE BY RELINQUISHING INSTITUTION
Shares/Unit	Dollars	Shares/Unit	Dollars	Investment Description		Delay Delivery Until
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			D D M M Y Y
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			D D M M Y Y

D: Client Authorization

I hereby request the transfer of my account and its investments as described above. ***WHERE I HAVE REQUESTED A TRANSFER IN CASH, I AUTHORIZE THE LIQUIDATION OF ALL OR PART OF MY INVESTMENTS AND AGREE TO PAY ANY APPLICABLE FEES, CHARGES OR ADJUSTMENTS. IF THE TRANSFER IS IN KIND, PLEASE TAKE ANY APPLICABLE FEES FROM:**

Signature of Account Holder _____ Date _____

Irrevocable Beneficiary: I consent to the transfer of the account. _____ Date _____
Signature of Irrevocable Beneficiary (if applicable)

E: For Use By Relinquishing Institution Only

Registered Type: RRSP LIRA RRIF: Qualified Non Qualified LIF

Spousal Plan: No Yes

If yes: Contributor's Name _____ Social Insurance Number _____

Locked In: No Yes – confirmation attached

Locked-in Funds \$ _____ Governing Legislation _____

Contact Name _____ Telephone Number _____ Fax Number _____

Authorized Signature _____ Date _____ Position or Office _____