



Sleep well.

TRANSFER AUTHORIZATION FOR REGISTERED INVESTMENTS (RSP SPOUSAL RSP LIRA LRSP RLSP RIF SPOUSAL RIF LRIF LIF RLIF PRIF TFSA)

This form can be used for transferring the registered plans listed above except (1) RIF to RSP transfers, (2) RIF or RSP to TFSA transfers, (3) TFSA to RIF or RSP transfers (4) transfers due to death and (5) transfers due to marital breakdowns. The data entered on this form may be scanned and stored electronically. Please print neatly in the spaces provided to ensure completeness, accuracy, and machine readability.

ICT Transfer No Yes (complete the following): Wire Order Number: _____

1. Annuitant/Applicant Information

Last Name: _____ First Name: _____ Initials: _____
 Address: _____ City: _____ Province: _____ Postal Code: _____
 Home Phone: () _____ Business Phone: () _____ Social Insurance Number: _____ Date of Birth: _____
M A N D A T O R Y M A N D A T O R Y D D M M Y Y

2. Receiving Institution Information

Stone Investment Group Limited c/o CIBC Mellon GSSC, 1 York St. Suite 900, Toronto ON M5J 0B6 Tel: 800 795 1142 Fax: 855 884 0493
 Stone Account Number: _____ Dealer Account Number: _____ Dealer Name: _____
 Dealer Code: _____ Rep Code: _____ Rep Last Name: _____ Rep First Name: _____
 Rep Telephone Number: () _____ Rep Fax Number: () _____ Rep E-mail Address: _____

- INVESTMENT INSTRUCTIONS:**
- REGISTERED ACCOUNT**
- RSP
 - SPOUSAL RSP
 - LIRA
 - LRSP
 - RLSP
 - RIF
 - SPOUSAL RIF
 - LRIF
 - LIF
 - RLIF
 - PRIF
 - TFSA

FUND CODE	FUND NAME	AMOUNT (\$ OR %)	SALES CHARGE (%)
SCL			
SCL			
SCL			
SCL			
SCL			
SCL			
SCL			
SCL			

3. Annuitant/Applicant Direction to Relinquishing Institution

Relinquishing Institution Name: _____ Client Account/Policy Number: _____
 Relinquishing Institution Address: _____ City: _____ Province: _____ Postal Code: _____

TRANSFER (Check One):
 All In Cash* All as is (In Kind) All Assets*, mixed In Cash and In Kind per list below or attached Partial*, per list below or attached

***Please refer to statement in bold in Annuitant/Applicant Authorization in section 4 below.**

	Amount	Symbol/Cert./Policy No.	Investment Description	Delay Until
<input type="checkbox"/> In Cash <input type="checkbox"/> In Kind <input type="checkbox"/> Share/Units <input type="checkbox"/> Dollars				DD MM YY
<input type="checkbox"/> In Cash <input type="checkbox"/> In Kind <input type="checkbox"/> Share/Units <input type="checkbox"/> Dollars				DD MM YY

4. Annuitant/Applicant 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.**

Signature of Account Holder with Signature: _____ Date: DD MM YY
 Irrevocable Beneficiary: I consent to the transfer of this account.
 Signature of Irrevocable Beneficiary (if applicable): _____ Date: DD MM YY

5. For Use by Relinquishing Institution Only

Registered Type: RSP LIRA LRSP RLSP RIF: Qualified Non-Qualified LRIF RLIF PRI F TFSA LIF: Old LIF New LIF Spousal Plan: No Yes (complete the following)

Spouse Last Name: _____ Spouse First Name: _____ Initial: _____ Spouse Social Insurance Number: _____
M A N D A T O R Y

Locked-In: No Yes (Attach Locked-In confirmation) Amount of Locked-In Funds: _____ Governing Locked-In Legislation: _____
 Relinquishing Institution Contact name: _____ Telephone Number: () _____ Fax Number: () _____
 E-Mail Address: _____ Relinquishing Institution Authorized Signature: _____ Date: DD MM YY