

DEALER: 9485 REP

### Client Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.			
First Name:	Last Name:	SIN:	
First Name (Co-Account Holder):	Last Name:	SIN:	
Home Address:	Apt No:	City, Province:	Postal Code:
Phone Number (Home):	Phone Number (Business/Day):	Ext.:	

### Receiving Institution

RAYMOND JAMES LTD.	Contact: _____
800-333 Seymour Street	Phone: 604-654-_____ Fax: 604-654-1403
Vancouver, BC	
Canada V6B 5E2	CUID: MSLT    FINS# T089    DTC# 4809    EUROCLEAR# 92282

### Transfer Accounts

<b>Transfer My:</b> (Please check one) <input type="checkbox"/> Cash Account <input type="checkbox"/> Margin Account	
<b>Delivering Firm Account Number</b>	<b>Raymond James Account Number</b>
CDN A/C Number: _____	to _____
US A/C Number: _____	to _____

### Client Direction to Delivering Institution

Delivering Institution:	Address:		
City:	Province:	Postal Code:	Phone:
<b>TRANSFER (check one box only)</b>			
<input type="checkbox"/> All in cash (All assets will be liquidated)	<input type="checkbox"/> All in Kind	<input type="checkbox"/> All Assets Mixed (cash and in kind) Please list below which are to be liquidated and which are to be transferred in kind	<input type="checkbox"/> Partial (Please provide details below)
<b>Please attach most recent statements.</b>			
In Cash: <input type="checkbox"/>	In Kind: <input type="checkbox"/>	In Cash: <input type="checkbox"/>	In Kind: <input type="checkbox"/>
_____ Investment		_____ Investment	
In Cash: <input type="checkbox"/>	In Kind: <input type="checkbox"/>	In Cash: <input type="checkbox"/>	In Kind: <input type="checkbox"/>
_____ Investment		_____ Investment	
<input type="checkbox"/> Additional details attached due to insufficient room			

### Client Authorization

I hereby request the transfer of my account and its assets 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 applicable fees, charges or adjustments. I also authorize the receiving institution to act on my behalf in the resolution of any incidental account differences or adjustments which may arise with you as a result of this account transfer request. These instructions are given subject to the receiving institution(s) approval of my account(s).

**\*PLEASE CANCEL ALL OPEN ORDERS (G.T.C.) FOR MY ACCOUNT(S) ON YOUR BOOKS.**

Client Signature _____	Date (mm/dd/yy) _____	Co-Account Holder Signature _____	Date (mm/dd/yy) _____
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*Revised date Feb 2005*



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