

DEALER: 9485 REP

Client Information

Mr. Mrs. Miss Ms. Dr.

First Name: _____ Last Name: _____ SIN: _____

Home Address: _____ Apt No: _____ City, Province: _____ Postal Code: _____

Phone Number (Home): _____ Phone Number (Business/Day): _____ Ext.: _____

Receiving Institution

RAYMOND JAMES LTD.
4th Floor - 925 West Georgia Street
Vancouver, BC V6C 3L2
604-654-____ 604-654-1403
Phone: _____ Fax: _____

Account Type: _____ Spousal: Yes No
 RSP LIRA LRSP RIF LRIF LIF PRIF

Account Number: _____

Authorized Signature: _____
RRSP Admin

CUID: MSLW FINS# T089 DTC# 5076 EUROCLEAR# 92282
SPECIMEN PLAN RRSP 574-275 RRIF 559

Client Direction to Delivering Institution

Transfer My: _____ Spousal: Yes No
 RSP LIRA LRSP RIF LRIF LIF PRIF

Client Account Number: _____

Delivering Institution: _____ Address: _____

City: _____ Province: _____ Postal Code: _____ Phone: _____

TRANSFER (check one box only)
 All in cash (All assets will be liquidated) All in Kind All Assets Mixed (cash and in kind) Partial (Please provide details below)
Please list below which are to be liquidated and which are to be transferred in kind

Please attach most recent statements

In Cash: In Kind: _____ Investment
 In Cash: In Kind: _____ Investment

In Cash: In Kind: _____ Investment
 In Cash: In Kind: _____ Investment

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 request information and updates regarding my account as required for the processing of my transfer as well as to act on my behalf in resolution of any incidental differences or adjustments which may arise with you as a result of this account transfer request. I hereby consent to the disclosure of information regarding my account to the receiving institution and the collection and use of that information by the receiving institution for these purposes.

Client Signature _____ Date (mm/dd/yy) _____

For Use by Delivering Institution Only

ACCOUNT TYPE: RSP LIRA LRSP RIF LRIF LIF PRIF Qualified Non Qualified

SPOUSAL: Yes No
Spouse's First Name: _____ Last Name: _____ SIN: _____

LOCKED IN FUNDS: Yes No Amount \$ _____ Pension Legislation: Federal
 Provincial _____
(Province)

I certify that the information given in this section is true and complete in every aspect.

Authorized Signature: _____ Date (mm/dd/yy): _____ \$ _____
Total Amount Transferred: _____

Contact Name: _____ Phone Number: _____ Fax Number: _____