



Transfer Authorization for Registered Investments

Transfer Authorization for Registered Investments — RRSP, LIRA, LRSP, RRIF, LRIF, LIF, RLIF, RLSP, PRIF, TFSA

This form can be used for transferring the registered plans listed above, **except:** (1) RRIF to RRSP transfers, (2) RRIF or RRSP to TFSA transfers, (3) TFSA to RRIF or RRSP transfers, (4) transfers due to death and (5) transfers due to marital breakdowns.

Please note: Data entered on this form may be scanned and stored electronically. Please print neatly to ensure completeness, accuracy and machine readability.

A CLIENT INFORMATION

Account/Policy Holder Last Name	First Name	Initial(s)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone Number ()	Business Phone Number ()	Date of Birth (mm/dd/yyyy)	Social Insurance Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B RECEIVING INSTITUTION INFORMATION

Franklin Templeton Investments Corp.

5000 Yonge Street, Suite 900 Toronto, Ontario M2N 0A7 **Phone:** 1 (800) 387-0830 **Fax:** 1 (866) 850-8241

Franklin Templeton Account Number	Group Plan Number (if applicable)
<input type="text"/>	<input type="text"/>

REGISTERED TYPE

RRSP Spousal RRSP LIRA LRSP RRIF Spousal RRIF LRIF LIF RLIF RLSP PRIF TFSA

INVESTMENT SELECTION

Fund or Portfolio Name (Visit franklintempleton.ca for the latest names and codes)	Fund Code	% or \$ Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

LOCKED-IN CONFIRMATION

Franklin Templeton Investments Corp., as agent for Royal Trust, agrees to administer all locked-in funds transferred under this transfer authorization in accordance with the governing pension legislation or contractual condition indicated in Section E, below. Any subsequent transfer of these locked-in funds to another trustee or financial institution will be made only to another registered plan, which must continue to be administered in accordance with the requirement indicated below. No transfer of locked-in funds will be permitted unless the receiving plan is appropriately registered and in compliance with the applicable pension legislation, regulations, and the Income Tax Act (Canada).

Authorized Royal Trust Signing Officer/Agent

DEALER INFORMATION

Dealer Name	Representative Name	Dealer Account Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Dealer Number	Representative Number	Business Phone Number ()	Fax Number ()
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C CLIENT DIRECTION TO RELINQUISHING INSTITUTION

Relinquishing Institution Name

[Text input field]

Address

City

Province

Postal Code

[Address input fields]

Client Account/Policy Number

Group Plan Number (if applicable)

[Account numbers input fields]

TRANSFER (check one box only):

- Transfer options: All in cash, All as is, All assets* but mixed in cash, Partial*

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

Table with 4 columns: Investment Amount, Fund Code and/or Certificate or Policy Number, Investment Description, and checkboxes for cash/in-kind/shares/dollars.

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.

Signature of Account Holder: X [Signature] [Date] Signature of Irrevocable Beneficiary/Former Spouse (if applicable) X [Signature] [Date]

(For locked-in plans) Spouse: I consent to the transfer of the account X [Signature] [Date]

E FOR USE BY RELINQUISHING INSTITUTION ONLY

REGISTERED TYPE:

- Registered types: RRSP, LIRA, LRSP, PRIF, RLIF, RLSP, TFSA, LRIF, RRIF, LIF, Old LIF, New LIF

SPOUSAL PLAN:

- Spousal plan: No, Yes. If yes:

Spouse's Last Name First Name Initial(s) Social Insurance Number

LOCKED-IN:

- Locked-in options: No, Yes (confirmation attached), Locked-in funds, Governing Legislation, Current year's investment earnings to date

Contact Name Phone Number Fax Number

Authorized Signature X [Signature] [Date]