

Name and address of the financial institution

 TO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PART 1** Subject: Request of transfer for registered investments

CLIENT FIRST NAME		CLIENT LAST NAME	
ADDRESS			SOCIAL INSURANCE NUMBER  _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER ( )

I request the transfer of the registered investment identified below in favor of Desjardins Financial Security Life Assurance Company located at: \_\_\_\_\_

**PART 2**

From _____	To Desjardins Financial Security Life Assurance Company
<b>PRODUCT TO BE TRANSFERRED</b>	
<input type="checkbox"/> RRSP	<input type="checkbox"/> RRIF*
<input type="checkbox"/> LIRA	<input type="checkbox"/> LIF*
<input type="checkbox"/> LRSP	<input type="checkbox"/> TFSA
*Send to client <input type="checkbox"/> Minimum amount required by legislation <input type="checkbox"/> Fixed amount <input type="checkbox"/> Maximum LIF amount	
Account number _____	Account number _____
Certificate number _____	Registration number and name of registered plan _____
Maturity date	D   D   M   M   Y   Y   Y   Y
<b>TYPE OF TRANSFER</b>	
<input type="checkbox"/> Total, approximate amount \$ _____	<input type="checkbox"/> In kind <input type="checkbox"/> In cash
<input type="checkbox"/> The lump sum \$ _____	<input type="checkbox"/> In kind <input type="checkbox"/> In cash
<b>PAYMENT AND/OR TRANSFER INSTRUCTIONS</b>	
Please send the transfer and/or a cheque made payable to the receiving institution at the following address:	
<input type="checkbox"/> Above-mentioned receiving institution	
<input type="checkbox"/> Other address _____	

Signature of annuitant \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_ Signature of irrevocable beneficiary (if applicable) \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_

 Dealer name (service provider) \_\_\_\_\_ Dealer code \_\_\_\_\_ Branch code \_\_\_\_\_  
 Representative name or trainee (trainee applies to Quebec only) \_\_\_\_\_ Representative code \_\_\_\_\_

**PART 3** For use by relinquishing institution

(Do not issue a T4RIF, T4RSP, or Relevé 2 for the amount transferred)

We have transferred the amount of \$ \_\_\_\_\_ from the above-mentioned account. Should the plan be a RRIF or a LIF, we confirm that the minimum amount has been met for the calendar year.

Type of registered plan  
 RRSP  LIRA  LRSP  LIF  TFSA  RRIF:  QUALIFIED  NON QUALIFIED

Spousal plan  No  Yes. Indicate spouse information below.

LAST NAME	FIRST NAME	SOCIAL INSURANCE NUMBER  _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Locked-in <input type="checkbox"/> No <input type="checkbox"/> Yes. Locked-in confirmation attached.		
Locked-in funds \$ _____		Governing legislation _____
CONTACT NAME	TELEPHONE NUMBER ( )	FAX NUMBER ( )
Authorized signature _____		Date (DD/MM/YYYY) _____

WHITE: RELINQUISHING INSTITUTION

YELLOW: DESJARDINS FINANCIAL SECURITY

PINK: CLIENT