



TRANSFER AUTHORIZATION (RSP, LRSP, LIRA, RIF, PRIF, LIF, RLSP, RLIF, TFSA AND NON-REGISTERED ACCOUNTS)

This form can be used for RSP to RSP transfers (except for transfers due to death), RSP to RIF transfers, and RIF to RIF transfers.
Please note: The data entered on this form may be scanned and stored electronically. Please print neatly in the spaces provided to ensure completeness and accuracy.

A. CLIENT IDENTIFICATION

MR. MRS. MISS MS DR. LANGUAGE PREFERENCE: ENGLISH FRENCH

FIRST NAME AND INITIALS: _____ SURNAME: _____

ADDRESS: _____ CITY: _____ PROVINCE: _____ POSTAL CODE: _____

HOME TELEPHONE: () _____ BUSINESS TELEPHONE: () _____ SIN# (MANDATORY/REQUIRED BY CRA) _____ DOB (MANDATORY) _____
DAY MONTH YEAR

NON-REGISTERED ACCOUNTS ONLY TENANTS IN COMMON JOINT TENANTS WITH RIGHT OF SURVIVORSHIP (NOT VALID IN QUEBEC) IN TRUST FOR

SURNAME: _____ FIRST NAME: _____

B. RECEIVING INSTITUTION INFORMATION

BMG MANAGEMENT SERVICES INC. c/o RBC Investor & Treasury Services (RBC I&TS) 155 Wellington St., W., 3rd Floor, Toronto, ON M5V 3L3

GROUP PLAN NUMBER (if applicable) _____ CLIENT ACCOUNT NUMBER _____

DEALER NAME _____ DEALER NUMBER _____

AGENT NAME _____ AGENT NUMBER _____

BUSINESS TELEPHONE () _____ BUSINESS FAX () _____

DEALER ACCOUNT NUMBER _____

FOR USE BY
MUTUAL FUND
BROKERS/DEALERS
ONLY

INVESTMENT INSTRUCTIONS

AS PER THE
BMG MANAGEMENT
SERVICES INC.
APPLICATION
FORM

REGISTERED TYPE: RRSP GRSP SPOUSAL RRSP LRSP LIRA RRIF SPOUSAL RRIF RLSP RLIF LIF PRIF TFSA NON-REGISTERED ACCOUNT

FUND NAME	FUND NUMBER	SALES CHARGE (Front Load Purchases Only)	AMOUNT
_____	_____	_____	<input type="checkbox"/> \$ <input type="checkbox"/> %
_____	_____	_____	_____
_____	_____	_____	_____

If a new account is to be opened, please attach a BMG Management Services Inc. application form.

LOCKED-IN CONFIRMATION

_____, as agents for _____, acknowledge that all locked-in funds from the registered plan noted in the Client Direction to Relinquishing Institution section below will be transferred to the registered plan type noted and will continue to be administered in accordance with the governing pension legislation or contractual conditional of _____ (Province or Territory; if applicable, old new) 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 legislation of the jurisdiction noted above. 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) and appears on the Superintendent's List of Financial Institutions authorized to administer funds in the jurisdiction noted above (if applicable).

Authorized Signature: _____ Name: _____ Date: _____

C. CLIENT DIRECTION TO RELINQUISHING INSTITUTION

RELINQUISHING INSTITUTION NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

GROUP PLAN NUMBER (if applicable) _____ CLIENT ACCOUNT NUMBER _____

TRANSFER (Check one box only):

ALL IN CASH * ALL AS IS (in kind) ALL ASSETS * BUT MIXED IN CASH AND AS IS (in kind, (see list below or on attached list) PARTIAL * (as listed below or on attached list)

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

IN KIND	IN CASH	INVESTMENTS AMOUNT	SYMBOL AND/OR CERTIFICATE NUMBER OR POLICY NUMBER	DELAY DELIVERY UNTIL	FOR USE BY RELINQUISHING INSTITUTION
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	DAY MONTH YEAR
SHARES/UNIT	DOLLARS	INVESTMENT DESCRIPTION	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	DAY MONTH YEAR
SHARES/UNIT	DOLLARS	INVESTMENT DESCRIPTION	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	DAY MONTH YEAR

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: _____ DAY MONTH YEAR

Irrevocable beneficiary: I consent to the transfer of the account.

SIGNATURE OF IRREVOCABLE BENEFICIARY (if applicable): _____ DAY MONTH YEAR

E. FOR USE BY RELINQUISHING INSTITUTION ONLY

REGISTERED TYPE: RRSP GRSP SPOUSAL RRSP LRSP LIRA RRIF SPOUSAL RRIF NON-REGISTERED ACCOUNT

QUALIFIED NON QUALIFIED

NO YES - IF YES, COMPLETE THE FOLLOWING SPOUSAL INFORMATION: RLSP LIF RLIF TFSA OTHER

SPOUSAL PLANS: _____

SPOUSAL INFORMATION: FIRST NAME & INITIALS: _____ SURNAME: _____

SOCIAL INSURANCE NUMBER: _____ (MANDATORY/REQUIRED BY CRA) DATE OF BIRTH: _____ (MANDATORY)
DAY MONTH YEAR

LOCKED-IN INFORMATION - LOCKED-IN CONFIRMATION ATTACHED

LOCKED-IN FUNDS: \$ _____ GOVERNING LEGISLATION: _____

CONTACT NAME: _____

TELEPHONE NUMBER: () _____ FAX NUMBER: () _____

AUTHORIZED SIGNATURE: _____ DAY MONTH YEAR