



Transfer Authorization for Registered Investments

(RSP, LIRA, LRSP, RLSP, RIF, LRIF, LIF, RLIF, TFSA)

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, accuracy and machine readability.

A: Client Identification

Account/Policy Holder Last Name _____ First Name _____ Init. _____

Address _____

City _____ Prov. _____ Postal Code _____

Social Insurance Number _____ Home Telephone Number () _____ Business Telephone Number () _____

B: Receiving Institution Information

BMO Investments Inc.
Administration Office:
BMO Mutual Funds
250 Yonge St., 9th Floor
Toronto, ON M5B 2M8
Telephone: 1 (800) 668-7327
Fax: 1 (800) 200-2497

A COMPLETED APPLICATION IS REQUIRED TO OPEN A NEW REGISTERED PLAN - APPLICATION ATTACHED YES NO

Client Account/Policy Number _____

Dealer Name _____ Dealer Number _____

Agent Name _____ Agent Number _____

Agent Telephone Number () _____ Agent Fax Number () _____ Dealer Account Number _____

For use by Mutual Fund Brokers/Dealers only

- Registered Type:
- RRSP RRIF TFSA
- Spousal RRSP Spousal RRIF
- LIRA LRSP RLSP
- LIF LRIF RLIF

Governing Province/Federal: _____

Investment Instructions:

Investment Name	Symbol	%/ \$ Amount
		\$
		\$
		\$

C: Client Direction to Relinquishing Institution

Relinquishing Institution Name _____

Address _____

City _____ Prov. _____ Postal Code _____

Client Account/Policy 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 attached list Partial* - as listed below or on attached list

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

Please make cheque payable to: **BMO Investments Inc.**

In Kind	In Cash	Investment Amount	Symbol and/or Certificate Number or Policy Number	FOR USE BY RELINQUISHING INSTITUTION Delay Delivery Until
<input type="checkbox"/>	<input type="checkbox"/>			Y Y Y Y M M D D
Shares/Unit	Dollars	Investment Description		
<input type="checkbox"/>	<input type="checkbox"/>			Delay Delivery Until
<input type="checkbox"/>	<input type="checkbox"/>			Y Y Y Y M M D D
Shares/Unit	Dollars	Investment Description		
<input type="checkbox"/>	<input type="checkbox"/>			Delay Delivery Until
<input type="checkbox"/>	<input type="checkbox"/>			Y Y Y Y M M D D
Shares/Unit	Dollars	Investment Description		

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 _____ Date _____

Irrevocable Beneficiary: I consent to the transfer of the account. Date _____
Signature of Irrevocable Beneficiary (if applicable) _____

E: For Use By Relinquishing Institution Only

Registered Type: RRSP TFSA LIRA LRSP RLSP LRIF LIF RLIF RRIF: Qualified Non Qualified

Spousal Plan: No Yes - if yes: _____ Last Name _____

First Name _____ Init _____ Social Insurance Number _____

Locked In: No Yes - confirmation attached

Locked-In Funds \$ _____ Governing Legislation _____

One-time unlocking option has been exercised. Yes No

Contact Name _____ Telephone Number _____ Fax Number _____

Authorized Signature _____ Date _____

Y Y Y Y | M M D D

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