



**C**

**CO-APPLICANT'S**  
information  
(if applicable)

Title Last Name First Name Int.

SIN (required by the Canada Customs and Revenue Agency)

**I**

**INSTRUCTIONS**  
for the transferor  
for office use only

Please return this form along with the cheque and/or any transfer documents to the BMO InvestorLine.  
(Toll free: 1 888 776-6886)

BMO InvestorLine, Transit 3973, First Canadian Place, 100 King St. W., Floor B1, Toronto, Ontario, M5X 1H3

**In-Cash Transfers:**  
For Self-Directed RRSP/RRIF Accounts, please return this form along with the cheque to BMO InvestorLine.

**In-Kind Transfers:**  
For Self-Directed RRSP/RRIF Accounts, please register under our Transfer Agent, BMO Nesbitt Burns in Trust for < the BMO InvestorLine Acct # >. Dealer #9185, rep # \_\_\_\_\_ FINS T009 / DTC 5043, CUID NTDT.  
For Investment Accounts, please register under our Transfer Agent, BMO Nesbitt Burns, Dealer #9185, rep # \_\_\_\_\_ FINS T009 / DTC 5043, CUID NTDT.

**R**

**TRANSFEROR**  
for office use only

**Please complete for registered accounts.**

**Amount transferred** (from RRSP/RRIF identified above): \$ \_\_\_\_\_

**A spouse has made contributions to this plan:**  Yes  No

If yes, Contributing Spouse's SIN (required by the Canada Customs and Revenue Agency)

Title Last Name First Name Int.

Locked-in Funds  Please check if Institution requires a copy returned  Does not apply

\$ \_\_\_\_\_ of the stated amount represents locked-in benefits. These funds must continue to be administered as locked-in as required by the (check one)

Federal Pension Benefit Standards Act, **or**  a Provincial Act  
Please indicate which province the locked-in funds are administered under \_\_\_\_\_.

Authorized Person's Signature \_\_\_\_\_

Position or Office \_\_\_\_\_ Date (YY/MM/DD) \_\_\_\_\_

**T**

**TRANSFEREE**  
for office use only

We agree to the above for a direct transfer of property. When we receive the property, we will credit it to the annuitant or member under the plan or fund identified above. No receipt for tax purposes will be issued for the amount transferred. Locked-in funds transferred under this transfer authorization will be administered according to the governing legislation indicated above. Any subsequent transfer of locked-in funds will only be made to another institution that will continue to administer the plan in accordance with the governing legislation indicated above.

Authorized Person's Signature \_\_\_\_\_

Position or Office \_\_\_\_\_ Date (YY/MM/DD) \_\_\_\_\_