

AUTHORIZATION TO TRANSFER ACCOUNT

Please return this form with a copy of the most recent statement of the account you wish to transfer to BMO InvestorLine.

A MY AUTHORIZATION

This is my/our authorization to transfer my/our account with you to my/our BMO InvestorLine account:

Name of Institution from
which account is being transferred

Address
(no., street)

Suite
No. City or
Town

Prov. Postal
Code

To transfer my/our account:

Account
Number

☐ RRSP ☐ Spousal RRSP ☐ RRIF ☐ Spousal RRIF ☐ LIRA/LRSP ☐ LIF ☐ LRIF ☐ FHSA
☐ Cash ☐ Margin ☐ TFSA

With you to my/our BMO InvestorLine account:

Account
Number

☐ RRSP ☐ Spousal RRSP ☐ RRIF ☐ Spousal RRIF ☐ LIRA/LRSP ☐ LIF ☐ LRIF ☐ FHSA
☐ Cash ☐ Margin ☐ TFSA

In the manner indicated below:

- ☐ Entire account in-cash (**all investments must be liquidated by the account holder(s) and converted into cash prior to transferring**).
- ☐ Entire account in-kind (**all investments are to be transferred in their existing form**) **Note:** For those plans holding mutual funds and GICs please be very specific, as certain restrictions may apply to the transfer of some mutual funds and GICs. Please call your local BMO InvestorLine branch for more details.

Please cancel all open orders which are on your books for the above account and any pre-authorized plan(s). Or for partial transfers:

☐ Securities, please specify:

Quantity	Security	Quantity	Security	Quantity	Security
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☐ Monies listed:

CA: Cash \$	US: Cash \$
Debit \$	Debit \$

B SIGNATURES

For all account(s):

I/We authorize the transfer of my/our account and its investments as indicated above. I/We understand that an in-cash transfer will require all or part of my/our account to be liquidated, and I am/we are responsible for providing liquidating orders and any applicable fees. I/We acknowledge that transfers can take **several weeks** to complete, depending on the actions of the other institution. Interest will commence in accordance with the terms of the investment chosen, upon receipt of the transfer from the other institution. I/We hereby consent to the Delivering Institution providing information regarding this transfer to BMO InvestorLine and its agents.

For RRSP/RRIF Account(s) only:

If my account is a RRIF, LIF or LRIF, I recognize that the minimum amount for the year of transfer must be paid to me by the Transferor.

Title	Last Name	First Name	Int.
Home Address (number, street)	Suite No.	City or Town	Prov.
Postal Code	Home Phone (area code, no.)		

SIN (required by the
Canada Customs and
Revenue Agency)

Effective Date of
Postdated Request (YY/MM/DD):

Applicant's Signature

Date (YY/MM/DD)

Co-applicant's
Signature

Date (YY/MM/DD)

For RRSP/RRIF Accounts: This form replaces Form T2033 and should be used when requesting the transfer of funds under paragraph 146(16)(a) or 146.3(2)(e) of the Income Tax Act of Canada. If this transfer is for a RIF, LIF or LRIF account, then the transferor must pay the client the minimum amount this year.

Reminder: Please submit this form along with the most recent copy of your statement(s) from the Transferring Institution.

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C CO-APPLICANTS - if applicable

Title	Last Name	First Name	Int.
SIN (required by the Canada Customs and Revenue Agency)			

D 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: 1 844-274-3762)

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

In-Cash Transfers:

For RRSP/RRIF Accounts, please return this form along with the cheque to BMO InvestorLine.

For all account types from FundServ Participants, please setup in-cash transfer requests in A\$M using code 9185.

In-Kind Transfers:

For 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.

E 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.
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☐ 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)

F 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 subse-quent 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)