

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  
 Cash     Margin     TFSA

**With you to my/our BMO InvestorLine account:**

Account Number

- RRSP     Spousal RRSP     RRIF     Spousal RRIF     LIRA/LRSP     LIF     LRIF  
 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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- 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)

Applicant's Signature \_\_\_\_\_ Effective Date of Postdated Request (YY/MM/DD) \_\_\_\_\_  
 Date (YY/MM/DD) \_\_\_\_\_

Co-applicant's Signature \_\_\_\_\_ Date (YY/MM/DD) \_\_\_\_\_  
 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.

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

Title	Last Name	First Name	Int.
SIN (required by the Canada Customs and Revenue Agency)			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

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

**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.

**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)

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
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) \_\_\_\_\_

**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) \_\_\_\_\_