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VersaBank

Transfer Authorization for Registered Investments – RRSP, TFSA

This form can be used for transferring the registered plans listed above, **except**:
(1) RRIF to RRSP transfers,
(2) RRIF or RRSP to TFSA transfers,
(3) TFSA to RRIF or RRSP transfers, (4) transfers due to death, and (5) transfers due to marital breakdowns.

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 Information

Account/Policy Holder Last Name | First Name | Initial(s)

Address | City | Province | Postal Code

Social Insurance Number | Date of Birth | Home Telephone | Business Telephone | E-mail Address

B: Receiving Institution Information

VersaBank (New accounts require a VersaBank application form).

410-121 Research Dr.
Saskatoon, SK, S7N 1K2

VersaBank Client Services:
Toll-free: 1 800 213-4282 Local: 306 244-1868 Fax: 306 244-4649

Group Plan Number (if applicable) | VersaBank Account Number

Registered Type: ☐ **RRSP** ☐ **Spousal RRSP** ☐ **TFSA**

Dealer Information

Dealer Name | Rep Name | Dealer Account Number

Dealer Number | Representative Number | Telephone Number | Fax Number

C: Client Direction to Relinquishing Institution

Relinquishing Institution Name

Address | City | Province | Postal Code

Client Account/Policy Number | Group Plan Number (if applicable)

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 attached list

Check here if attaching list:

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

	Investments Amount	**Symbol and/or Certificate Number or Policy Number**	**Description**
☐ In kind ☐ Shares/Units ☐ In cash ☐ Dollars			
☐ In kind ☐ Shares/Units ☐ In cash ☐ Dollars			

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 | Signature of Irrevocable Beneficiary/Former Spouse (if applicable) | Date

(For locked-in plans) Spouse: I consent to the transfer of the account.

Signature of Spouse (if applicable) | Date

E: For Use by Relinquishing Institution Only

Registered Type: ☐ **RRSP** ☐ **TFSA**

Spousal Plan: ☐ **No** ☐ **Yes – if yes, please complete name and Social Insurance Number information below:**

Spouse's Last Name | First Name | Initial(s) | Spouse's Social Insurance Number

Locked In: ☒ **No** ☐ **Yes** (VersaBank does not accept locked in funds)

Locked-In Funds

If spousal waiver/consent form attached, check here:

Governing Legislation

Current year's investment earnings to date ($):

The default is "unisex", if sex-distinct, check here:

Contact Name | Telephone Number | Fax Number

Authorized Signature | Date

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