

**1. Identification of contractholder**

\_\_\_\_\_  
Last name First name Gender: ☐ Male ☐ Female Social Insurance Number<sup>1</sup> \_\_\_\_\_

\_\_\_\_\_  
Address

1. Used for taxation purposes only.

**2. Amount to be transferred**

I hereby request the ☐ total OR ☐ partial transfer (cash only) of \$ \_\_\_\_\_

Plan number: \_\_\_\_\_

\_\_\_\_\_  
Account No. Account No. Account No. Account No.

\_\_\_\_\_  
Name of plan issuer: Fax number

\_\_\_\_\_  
Address

**3. Recipient**

The amounts are to be transferred to my: ☐ NRSP (Non registered) ☐ TFSA ☐ RRSP ☐ Spousal RRSP

Plan no: \_\_\_\_\_

Address: Beneva Inc., Savings & Investments, P.O. Box 10510, Station Sainte-Foy, Quebec QC G1V 0A3

Tel.: 1-877-841-8822

Fax: 1-866-559-6871

**4. Contractholder's declaration and signature (consent of irrevocable beneficiary, if applicable)**

I authorize the relinquishing institution identified to proceed as directed in this form. I understand that the length of the transfer period depends on the type of plan and the type of investment product I hold. I understand and accept that the value of my investments may vary because of the length of the transfer period. I authorize the total or partial transfer of my investments, and I agree to pay all fees and penalties associated with the transfer.

I certify that my signature, if affixed electronically, has the same legal value as my handwritten signature. Any reproduction of this form whose integrity is ensured has the same legal value as the original.

**X**

\_\_\_\_\_  
Signature of contractholder

\_\_\_\_\_  
Date

I agree to the transfer of this plan.

**X**

\_\_\_\_\_  
Full name of irrevocable beneficiary

\_\_\_\_\_  
Signature of irrevocable beneficiary

\_\_\_\_\_  
Date

**5. Information concerning the advisor who carried out the transfer**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Advisor number

\_\_\_\_\_  
Area code

\_\_\_\_\_  
Tel.

**6. Amount transferred (to be completed by the relinquishing institution)**

Relinquishing institution – Transfer of: \$ \_\_\_\_\_ Transfer fee: \$ \_\_\_\_\_

**Office use only**

\_\_\_\_\_  
Transfer received

\_\_\_\_\_  
Name of the authorized person

\_\_\_\_\_  
Date

Protecting your personal information is a priority for Beneva. To find out more about our practices, please consult the Personal Information Protection Statement located at [www.beneva.ca](http://www.beneva.ca).

Client Services • Tel.: 1 877-841-8822 • Investment

The copy sent to Beneva constitutes the original document.



IND086E (2024-05)