

Client No.: 3 _____ OR Contrat No.: 5 _____

Section A IDENTIFICATION OF CONTRACTHOLDER

<input type="checkbox"/> Male <input type="checkbox"/> Female	Last name	First name	Social Insurance Number
Address			

Section B 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: _____

Section C RECIPIENT

The amounts are to be transferred to my: Non registered plan TFSA RRSP Spousal RRSP

Address: La Capitale Civil Service Insurer Inc., Savings and Investments, 625 Jacques-Parizeau St, 7th floor, Quebec QC G1R 2G5
Tel.: 1 888 703 4480 Fax: 1 855 896-9480

Section D 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.

_____ Date: _____
Signature of contractholder Year Month Day

I agree to the transfer of this plan.

_____ _____ Date: _____
Full name of irrevocable beneficiary Signature of irrevocable beneficiary Year Month Day

Section E INFORMATION CONCERNING THE ADVISOR WHO CARRIED OUT THE TRANSFER

_____ Name _____ Advisor number _____ Area code _____ Tel. _____

Section F AMOUNT TRANSFERRED (TO BE COMPLETED BY THE RELINQUISHING INSTITUTION)

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

OFFICE USE ONLY	\$ _____	Date: _____
Transfer received	Name of the authorized person	Year Month Day