

NB: This form is only to be used for sums invested in a La Capitale investment account.

1 CONTRACTHOLDER INFORMATION

Client No.: 3 ____ - ____ - ____ OR Contract No.: 5 ____ - ____ - ____ - ____ - ____

Last name First name

2 IDENTIFICATION OF PLAN – ONE FORM PER PLAN

Non-registered RRSP Spousal RRSP LIRA/LRSP RRIF Spousal RRIF Prescribed LIF/RIF TFSA
 Restricted LIF RLSP

3 SOURCE OF FUNDS

Redemption fees, such as deferred sales charges, may apply following the redemption of the sums invested with: _____ (the ceding company) and their transfer to the above annuity contract (the contract). The redemption fees charged by the ceding company are estimated at \$_____, and remittance of \$_____ is requested under this form.

To compensate for the redemption fees with the authorization of the advisor, La Capitale will pay the contractholder an amount equivalent to:

- i) The actual redemption fees, or
- ii) The commission payable to the advisor, whichever is lower.

The commission payable to the advisor will be adjusted in accordance with the administrative rules currently in effect at La Capitale. **A statement reflecting the transfer fees must be attached to this form.**


4 REMITTANCE

The remittance amount will be invested based on the same investment instructions and fee options as those applicable to the amount transferred to La Capitale.

In the case of a Registered Retirement Savings Plan, the remittance is not considered as a new RRSP contribution.

The contractholder understands that, if the remittance is invested in La Capitale investment accounts with redemption fees, such fees will be applicable in the event of withdrawal before the seventh year following the deposit of the remittance.

Signed at _____ on this _____ day of _____ 20 _____.

 _____
Advisor's signature Advisor's code

You must submit your Redemption fee remittance request together with proof all related expenses incurred, by mail, fax or email within 2 months following the date that you signed the request to inter-bank transfer. Our contact information:

**La Capitale Civil Service Insurer Inc.
 C/O Savings and Investments
 625 Jacques-Parizeau St, Quebec QC G1R 2G5
 Fax: 1 866 640-3058 | Email: traitement.epargne@lapcapitale.com**

For more information, please refer to the administrative policy in the Advisor Centre.