

This form is used to request a direct transfer under subsection 146.3(14.1) or 146(21) or paragraph 146(16)a) or 146.3(2)e) of the Income Tax Act of Canada.

Section A IDENTIFICATION OF CONTRACTHOLDER/INVESTOR

<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 **in cash only** or ☐ partial transfer **in cash only** of \$ _____ or ☐ 10% penalty-free units and/or ☐ mature units

Source: ☐ RRSP ☐ Spousal RRSP ☐ LIRA/LRSP ☐ RRIF ☐ Spousal RRIF ☐ TFSA ☐ LIF ☐ Restricted LIF
☐ RLSP ☐ PRRIF (Sask.) ☐ LRIF (N.L.)

Plan No.: _____

Account No.	Account No.	Account No.	Account No.
Spousal RRSP or RRIF: _____			Social Insurance Number
Spouse's name			

Date of transfer: ☐ Maturity date _____ ☐ Upon receipt of this form ☐ Other (specify) _____
Year Month Day Year Month Day

Name of plan issuer: _____ Fax number: _____

Address: _____

If a transfer from a RRIF or LIF: We hereby confirm that the minimum amount has been paid for the current year.

Section C RECIPIENT

The amounts are to be transferred to my: ☐ RRSP ☐ Spousal RRSP ☐ LIRA/LRSP ☐ RRIF ☐ Spousal RRIF ☐ TFSA ☐ LIF ☐ Restricted LIF ☐ RLSP
☐ PRRIF (Sask.) ☐ LRIF (N.L.)

☐ New plan/contract OR ☐ Plan/contract No.: _____

Address: Beneva Inc., Savings and investments, 2525 Boul Laurier, Quebec QC G1V 2L2
Tel.: 1-877-841-8822 • Fax: 1-866-559-6871

Confirmation of locked-in funds agreement

Beneva Inc. hereby confirms that all the locked-in funds under the registered plan specified in section B will be transferred to the registered plan type specified in section C and will continue to be administered in accordance with the governing pension legislation or contractual provisions of _____ (applicable legislation). Any subsequent transfer of these locked-in funds to another financial institution will be made only to another registered plan, which must continue to be administered in accordance with the legislation of the above-mentioned jurisdiction. No locked-in fund transfer will be permitted unless the receiving plan is appropriately registered and in compliance with the applicable pension legislation, regulations and the Income Tax Act (Canada) and appears on the Superintendent's List of Financial Institutions authorized to administer funds in the above-mentioned jurisdiction.

Section D CONTRACTHOLDER/INVESTOR 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 application form whose integrity is ensured has the same legal value as the original.

X _____ Date: _____
Signature of contractholder/investor Year Month Day

I agree to the transfer of this plan.

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

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

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