

Transfer Authorization Request



1. Client Identification (Account Holder / Policyholder)

Last Name _____ First Name _____
 Address _____ City _____ Province _____ Postal Code _____
 Telephone: _____
 Social Insurance No. _____ Home _____ Office _____

2. Receiving Institution Information

We accept transfers via FundServ A\$M - Code ALM

ASSUMPTION MUTUAL LIFE INSURANCE COMPANY

Receiving Institution Name
770 Main Street **Moncton** **NB** **E1C 8L1**
 Address City Province Postal Code
(506) 853-6040 **(506) 853-9369**
 Telephone Fax Group Plan No. (if applicable) Client Account/Policy No.

Type of Investment:

- RSP LRSP LIRA RIF SRIF RLIF FHSA
 SRSP RLRSP NON-REG* PRIF LIF TFSA

**For non-registered transfers: please ensure your client is aware that there may be tax consequences.*

3. Client Direction to Relinquishing Institution

Relinquishing Institution Name
 Address _____ City _____ Province _____ Postal Code _____
 Fax _____ Client Account/Policy No. _____

Transfer in cash (check one box only): Total* Partial* As listed below or on attached list.

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

Investment Description	
Investment Amount \$ or %	Client Account / Policy No.
Investment Description	
Investment Amount \$ or %	Client Account / Policy No.
Investment Description	
Investment Amount \$ or %	Client Account / Policy No.

4. Client Authorization

I hereby request the transfer of my investments as described above.

*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 (if applicable)

Date

I consent to the transfer mentioned above.

FOR USE BY RELINQUISHING INSTITUTION ONLY

Type of Investment:

RSP SRSP LRSP RLRSP LIRA LIF RLIF RIF - qualified or non-qualified
 SRIF PRIF TFSA FHSA NON-REG*

Minimum payment calculated with the spouse's age: Yes Date of birth: _____ / _____ / _____ No

Day

Month

Year

Spousal Plan: No Yes

Name of spouse

Social Insurance No.

Locked-in Funds: No Yes (Confirmation attached) \$

Amount

Governing Legislation

Contact Name

Telephone

Fax

Authorized Signature

Date