

Transfer Authorization Request



1. Client Identification (Account Holder / Policyholder)

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

2. Receiving Institution Information

ASSUMPTION MUTUAL LIFE INSURANCE COMPANY

Receiving Institution Name				
P.O. Box 160, 770 Main Street		Moncton	NB	E1C 8L1
Address		City	Province	Postal Code
(506) 853-6040		(506) 853-9369	Group Plan No. (if applicable)	Client Account/Policy No.
Telephone		Fax	Agent Code/Broker Code	Name of representative (please print)

Type of Investment:

- | | | | | | |
|-------------------------------|--------------------------------|-----------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> RSP | <input type="checkbox"/> LRSP | <input type="checkbox"/> LIRA | <input type="checkbox"/> RIF | <input type="checkbox"/> SRIF | <input type="checkbox"/> RLIF |
| <input type="checkbox"/> SRSP | <input type="checkbox"/> RLRSP | <input type="checkbox"/> NON-REG* | <input type="checkbox"/> PRIF | <input type="checkbox"/> LIF | <input type="checkbox"/> 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
Group Plan No. (if applicable)		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 \$	Client Account / Policy No.
Investment Description	
Investment Amount \$	Client Account / Policy No.
Investment Description	
Investment Amount \$	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 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