



# TRANSFER AUTHORIZATION FOR NON-REGISTERED INVESTMENTS

### Client Identification

Policy Holder Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Init. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | - | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |

Social Insurance Number | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | - | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |

Home Tel.: | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | - | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | Bus. Tel.: | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | - | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |

Email: \_\_\_\_\_

### Receiving Institution Information

**THE WAWANESA LIFE INSURANCE COMPANY**

Contact Name: \_\_\_\_\_

**400 - 200 MAIN STREET**

**WINNIPEG, MB R3C 1A8**

**Tel.: 1-800-263-6785**

**Fax: 1-888-985-3872**

Client Policy Number | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |

### Investment Instructions:

| Investment Name | %/ \$ Amount   |
|-----------------|--|
|                 | \$   _____   _____   _____   _____   _____   _____   _____   _____   _____   _____ |
|                 | \$   _____   _____   _____   _____   _____   _____   _____   _____   _____   _____ |
|                 | \$   _____   _____   _____   _____   _____   _____   _____   _____   _____   _____ |

### Client Direction to Relinquishing Institution

Relinquishing Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | - | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |

Group Plan Number (if applicable) | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |

Client Account/Policy Number | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |

Transfer all in cash\*: **\*Please refer to statement in bold in Client Authorization section below.**

All Property, or

| As Instructed:  |  |
|---|--|
| Investments Amount<br>  _____   _____   _____   _____   _____   _____   _____   _____   _____   _____     | Symbol and/or Certificate Number or Policy Number<br>  _____   _____   _____   _____   _____   _____   _____   _____   _____   _____ |
| Investment Description<br>  _____   _____   _____   _____   _____   _____   _____   _____   _____   _____ |  |
| Investments Amount<br>  _____   _____   _____   _____   _____   _____   _____   _____   _____   _____     | Symbol and/or Certificate Number or Policy Number<br>  _____   _____   _____   _____   _____   _____   _____   _____   _____   _____ |
| Investment Description<br>  _____   _____   _____   _____   _____   _____   _____   _____   _____   _____ |  |
| Investments Amount<br>  _____   _____   _____   _____   _____   _____   _____   _____   _____   _____     | Symbol and/or Certificate Number of Policy Number<br>  _____   _____   _____   _____   _____   _____   _____   _____   _____   _____ |
| Investment Description<br>  _____   _____   _____   _____   _____   _____   _____   _____   _____   _____ |  |

|  |
|--|
| FOR USE BY<br>RELINQUISHING INSTITUTION                  |
| Delay Delivery Unit<br>  D     D     M     M     Y     Y |
| Delay Delivery Unit<br>  D     D     M     M     Y     Y |
| Delay Delivery Unit<br>  D     D     M     M     Y     Y |

### Client Authorization

I hereby request the transfer of my account and its investments as described above. A photocopy or an electronic reproduction of this document will be as valid as the original.

**\* Where I have requested a transfer in cash, 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<br>  _____   _____   _____   _____   _____   _____   _____   _____   _____   _____ | Date<br>  _____   _____   _____   _____   _____   _____   _____   _____   _____   _____ | Irrevocable Beneficiary: I consent to the transfer of the account.<br>Signature of Irrevocable Beneficiary (if applicable)<br>  _____   _____   _____   _____   _____   _____   _____   _____   _____   _____ | Date<br>  _____   _____   _____   _____   _____   _____   _____   _____   _____   _____ |
|--|---|---|---|