



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
400 – 200 MAIN STREET
WINNIPEG, MB R3C 1A8
Toll Free: 1-800-263-6785
Fax: 1-888-985-3872
Email: annuities@wawanesa.com
Website: wawanesalife.com

Contact Name: _____

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	Symbol and/or Certificate Number or Policy Number
Investment Description	
Investments Amount	Symbol and/or Certificate Number or Policy Number
Investment Description	
Investments Amount	Symbol and/or Certificate Number or Policy Number
Investment Description	

FOR USE BY RELINQUISHING INSTITUTION
Delay Delivery Unit D D M M Y Y
Delay Delivery Unit D D M M Y Y
Delay Delivery Unit 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	Date	Irrevocable Beneficiary: I consent to the transfer of the account. Signature of Irrevocable Beneficiary (if applicable)	Date
-----------------------------	------	--	------