



TRANSFER AUTHORIZATION FOR REGISTERED INVESTMENT (RSP, LIRA, LRSP, RIF)

This form can be used for RSP to RSP transfers (except for transfers due to death), RSP to RIF transfers, and RIF to RIF transfers.

Client Identification

Policy Holder Last Name _____ First Name _____ Init. _____
 Address: _____
 City: _____ Prov. _____ Postal Code |_____| - |_____|
 Social Insurance Number |_____| - |_____| - |_____|
 Home Tel.: |_____| - |_____| - |_____| Bus. Tel.: |_____| - |_____| - |_____|

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 |_____|

Registered Type:

- RRSP RRIF
 Spousal RRSP Spousal RRIF
 LIRA LRSP

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 of 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. _____ Date _____
 Signature of Irrevocable Beneficiary (if applicable) _____

For Use By Relinquishing Institution Only

Registered Type: RRSP LIRA LRSP RRIF: Qualified Non Qualified LRIF LIF
 Spousal Plan: No Yes - If yes: _____ Last Name _____
 First Name _____ Init _____ Social Insurance Number _____
 Locked In: No Yes - Locked-In confirmation attached
 Locked-In Funds \$ _____ Governing Legislation _____
 Contact Name _____ Telephone Number _____ Fax Number _____
 Authorized Signature _____ Date _____
 D | D | M | M | Y | Y