Print Reset

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 |___|___|___| - |___|___|___| - |___|___|___| Email: _____

Home Tel.: |___|___|___| - |___|___|___| - |___|___|___|___| Bus. Tel.: |___|___|___| - |___|___|___| - |___|___|___|___|

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: _____

Specimen Number: _____

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	FOR USE BY RELINQUISHING INSTITUTION
		Delay Delivery Unit D D M M Y Y
Investment Description		
Investments Amount	Symbol and/or Certificate Number or Policy Number	Delay Delivery Unit D D M M Y Y
Investment Description		
Investments Amount	Symbol and/or Certificate Number or Policy Number	Delay Delivery Unit D D M M Y Y
Investment Description		

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

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 - attached (Locked-In confirmation)

Locked-In Funds	Governing Legislation
$	

Contact Name	Telephone Number	Fax Number
	[ ] -	[ ] -

Authorized Signature	Date
	D D M M Y Y

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