

PART 1 – CLIENT IDENTIFICATION

Account/policyholder last name		First name & initial(s)	
Address			Postal code
Social Insurance Number	Home telephone number () -	Alternate telephone number () -	

PART 2 – RECEIVING INSTITUTION INFORMATION

Receiving institution CANADA LIFE	Address: Canada Life, Group Retirement Services 255 Dufferin Avenue, T540, London, ON N6A 4K1		
Name of employer/plan sponsor NextStep	Policy/plan number 62396	Plan type <input checked="" type="checkbox"/> TFSA	

PART 3 – CLIENT DIRECTION TO RELINQUISHING INSTITUTION

Relinquishing institution name	
Address	
Postal code	
Client TFSA account/policy number	Transfer <u>cash</u> value of (check one box only) <input type="checkbox"/> Full account/policy <input type="checkbox"/> Partial account/policy as indicated below or on attached list

* Please refer to bold statement in Client authorization section below		For use by relinquishing institution
Investment amount (\$)	Symbol and/or certificate/policy number	Delay transfer until (mm dd yyyy)
Investment description		
Investment amount (\$)	Symbol and/or certificate/policy number	Delay transfer until (mm dd yyyy)
Investment description		


PART 4 – CLIENT AUTHORIZATION

I hereby request the transfer of my TFSA and its investments as described above.
I have requested a transfer in cash. I authorize the liquidation of all or part of my investments and I agree to pay any applicable fees, charges or adjustments.

X	Signature of account/policyholder	Date
X	Signature of preferred or irrevocable beneficiary (if applicable)	Date

PART 5 – ACCEPTANCE BY RECEIVING INSTITUTION

The receiving institution named above accepts the above request for transfer and, when the funds and an application for membership in the plan are received, will credit the annuitant or member under the plan or account number indicated.

		
Date	Authorized signature	Sarah Hopkins, AVP, GRS Administration Position or office

PART 6 – FOR USE BY RELINQUISHING INSTITUTION ONLY

Original owner of the funds <input type="checkbox"/> Yes <input type="checkbox"/> No (no means funds originate from a former or deceased spouse/common-law partner)		
Contact name	Telephone ()	
Authorized signature	Position	Date

How to complete a transfer authorization form

If you have questions or need help to complete the form, call **1-800-724-3402** to speak with a representative Monday to Friday between 8 a.m. and 8 p.m. ET. Additional transfer forms are available at [grsaccess.com](https://www.grsaccess.com). Sign in, then go to [Change your portfolio](#)> [Printable forms](#).

Before you begin your transfer authorization form, you'll need:

- Your social insurance number (SIN)
- Your policy/plan number (Look online at [grsaccess.com](https://www.grsaccess.com), or on your plan member statement for your client policy/plan number.)
- Your latest statement from the financial institution holding the savings you wish to transfer. Depending on the financial institution, you may also be able to find the information online.

NOTE: If you're transferring your savings from a registered account that has a preferred or irrevocable beneficiary, that beneficiary will need to sign the form as well. To determine whether or not you have an irrevocable or preferred beneficiary, please contact the financial institution that currently holds your savings.

Part 1 – Your personal information

Ensure the personal information you enter here exactly matches the personal information on your group plan statement. For example, if you have used a middle name or a middle initial on your statement, include it here. It helps us make sure your savings are transferred to the correct person.

Part 2 – Information about your group plan

Provide the name of your employer/plan sponsor and your group policy/plan number.

Part 3 – Information about the financial institution which currently holds your savings

Provide the name and mailing address of the financial institution which now holds the savings to be transferred. Include details on your account or policy. You will find all this information on your statement or, depending on your financial institution, you may be able to find it online.

We recommend you ask the financial institution currently holding your savings if you'll be charged any transfer fees or deferred sales charges to transfer out of your current plan.

Part 4 – Sign and date

Sign and date the transfer form in this section.

If you are transferring a registered account with a preferred or irrevocable beneficiary, that person will also need to sign the form.

Part 5 – Canada Life completes this section

Part 6 – The financial institution that currently holds your savings will complete this section

When you've completed the form, deliver it to the financial institution which holds the savings you want to transfer.