

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. 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, 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.