



TRUST INC.

Transfer Authorization for Registered and Non-registered Investments (RRSP, RRIF, TFSA, Non-registered)

This form can be used for transferring the registered plans listed above, **except** RRIF to RRSP transfers, RRIF or RRSP to TFSA transfers, TFSA to RRIF or RRSP transfers, transfers due to death and transfers due to marital breakdowns.

The information on this form can be digitized and stored electronically. Please write legibly in capital letters and make sure that the information provided is complete, accurate and can be read electronically.

Note: You do not have to use this form. If, as the transferor, you provide the transferee with the information required to correctly complete the transfer (e.g., funds are from a locked-in plan, a spousal plan, or a qualifying RRIF), you can use the method of documentation of your choice.

IMPORTANT

- You must:
- Print 4 copies of this form
 - Send the original copy to the relinquishing institution
 - Send a copy to Industrial Alliance Trust Inc.
 - Give a copy to the client
 - Keep a copy for your files

SECTION A

Client identification

Holder's last name / Account _____ First name and Initials _____

Social Insurance Number _____ Telephone number _____

Address _____ City _____ Province _____ Postal code _____

SECTION B

Receiving institution information

Please, make the cheque to or order of **Industrial Alliance Trust Inc.**

Send the cheque to: **Customer Service (IRS2525)**
1080 Grande Allée West
PO Box 1907, Station Terminus
Quebec City, QC G1K 7M3

Contact us:
Telephone: 418 780-5978
Fax: 418 684-5161

OR to the agency, to the following address:

Address _____ City _____ Province _____ Postal code _____

Agent name _____ Agent code _____ Agency code _____

Client contract number _____ Phone number of the agent _____

Registration type:
 RRSP Spousal RRSP RRIF
 Spousal RRIF TFSA Non registered

Signature of the agent _____ **Date** _____

Please attach TF10-1A application with the copy of this form sent to Industrial Alliance Trust Inc.

SECTION C

Client's instructions to relinquishing institution

Relinquishing institution's name _____

Address _____ City _____ Province _____ Postal code _____

Client contract number _____ Group plan number (if applicable) _____

Transfer: (check one box only) All, in cash* Partial, in cash - as listed below or on attached list*.
*Please refer to statement in bold in **Client authorization** section below.

Investment amount	Certificate number/policy number	Investment description

SECTION D

Client authorization

I hereby request the transfer of my account and its investments as described above.

I have requested a transfer in cash, and I therefore authorize the liquidation of all or part of my investments and agree to pay any applicable fees, charges or adjustments to the relinquishing institution.

Signature of the holder _____ **Date** _____ **Signature of irrevocable beneficiary (if applicable)** _____ **Date** _____

_____ _____

SECTION E

For use by relinquishing institution only

Registration type:
 RRSP* RRIF* → Qualified Non qualified
 TFSA LIF Non registered

*Spousal Plan: No Yes. If yes:

Spouse's Social Insurance Number _____ Spouse's last name _____ First name and initials _____

• The default is "Unisex;" if sex-distinct, check here .
 • If spouse waiver/consent form attached, check here .

Contact name _____ Telephone number _____ Fax number _____

Authorized signature _____ Date _____
