

**PART A – CUSTOMER INFORMATION**

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Account Holder Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel. No.: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Social Insurance Number: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

**PART B – RECEIVING INSTITUTION INFORMATION**

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**Community Trust Company**

Mailing Address: 2350 Matheson Blvd East, Mississauga, ON L4W 5G9

Telephone: 416-763-2291 Fax: 416-763-2444 Toll Free: 1-800-268-1576

CTC Account Number: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

CTC Contact Name: \_\_\_\_\_

- Account Type:  RRSP  RRSP Spousal  RRIF  RRIF Spousal  LIRA  
 LRSP  LRIF  LIF  TFSA

**For Locked-in Plan Use Only**

**Locked-in Plan Transfer Acknowledgement**

Community Trust acknowledges that all locked-in funds from the registered plan noted in the Client Direction to Relinquishing Institution section below, will be transferred to the registered plan type noted and will continue to be administered in accordance with the governing pension legislation or contractual conditions of:

Any subsequent transfer of these locked-in funds to another trustee or financial institution will be made only to another registered plan which must continue to be administered in accordance with legislation of the jurisdiction noted above. No transfer of locked-in funds will be permitted unless the receiving plan is appropriately registered and in compliance with the applicable pension legislation regulations and the Income Tax Act (Canada). Community Trust appears on the Superintendent’s List of Financial Institutions authorized to administer funds in the Jurisdiction noted.

\_\_\_\_\_  
**Governing Legislation (province or territory – specify)**

\_\_\_\_\_  
**Community Trust Authorized Signature**

\_\_\_\_\_  
**Date**

**PART C – CLIENT DIRECTION TO RELINQUISHING INSTITUTION**

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Relinquishing Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Client Account/Policy Number: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

**Transfer the following: (choose one)**

All In Cash     All In Kind     Partial (See List Below)     All Assets Mixed In-Cash and In-Kind (See List Below)

In Cash Or In Kind	\$ Amount	Or # of Shares/Units	Investment Description/Symbol
<input type="checkbox"/>	\$		
<input type="checkbox"/>	\$		
<input type="checkbox"/>	\$		

**Transfer of Publicly Traded Securities: Community Trust must be advised of any deliveries to our account at RBC prior to the transfer being set up.** Canadian Transfers of Registered Investments CUID: RBCT ACCT # 120028130002

**Please note:** Community Trust **cannot** accept mutual funds transferred in-kind.

**PART D – Client Authorization**

- i) I hereby request the transfer of my investments as described above.
- ii) I understand that it is my sole responsibility to ensure that this form has been completed accurately and in full. Any omissions or errors may result in delays due to the rejection of the transfer by the other institution.
- iii) Where I have requested to 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 GUARANTEED AND  
CERTIFIED TRUE COPY  
COMMUNITY TRUST**

\_\_\_\_\_  
**Community Trust Authorized  
Signature**

I confirm I have attached a recent statement from the relinquishing institution named in Part C

**Date:** \_\_\_\_\_ **Signature of Client:** X \_\_\_\_\_

**PART E – For Use by Relinquishing Institution**

Account Type:  RRSP     RRSP Spousal     RRIF     RRIF Spousal     LIRA     Qualified  
 LRSP     LRIF     LIF     TFSA     Non-Qualified

If RRIF/LIF/LRIF property is transferred to another RRIF/LIF/LRIF we have paid or will pay the annuitant the minimum amount for the year.

Spousal Plan:  No     Yes

Spouse Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ SIN: \_\_\_\_\_

Locked in Funds:  No     Yes    Locked in Funds \$: \_\_\_\_\_

Governing Legislation: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Tel No.: \_\_\_\_\_ Fax: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Amount Transferred\$: \_\_\_\_\_

**Our Privacy Policy**

At Community Trust Company, we take privacy seriously. In providing services to you, we receive non-public, personal information about you.

We receive this information through transactions we perform for you and may also receive information about you by virtue of your transactions with affiliates of Community Trust Company or other parties. Community Trust Company is committed to respecting and protecting the confidentiality of your personal information and the safeguarding of all personal information entrusted to us. For more information and to review our Privacy Policy visit our website at [www.communitytrust.ca](http://www.communitytrust.ca).