

Transfer Authorization for Registered and Non-Registered Investments



(RSP, LIRA, LRSP, RIF, LRIF, LIF, RLIF, RLSP, PRIF, TFSA, FHSA, Non-Registered)

This form can be used for: RSP to RSP transfers (except for transfers due to death); RSP to RIF transfers; RIF to RIF transfers; TFSA, FHSA, and Non-Registered transfers. **PLEASE NOTE:** The data entered on this form may be scanned and stored electronically. Please print neatly in the spaces provided to ensure completeness, accuracy and machine readability.

A. CLIENT IDENTIFICATION

Account/Policy Holder Last Name or Entity Name ▼	First Name ▼	Initial ▼	Joint account holder name (if applicable) Last Name ▼	First Name ▼	Initial ▼
Address (Street, Apt., City, Province, Postal Code) ▼			Address (Street, Apt., City, Province, Postal Code) ▼		
Social Insurance Number ▼	Date of Birth ▼	Home Telephone Number ▼	Social Insurance Number ▼	Date of Birth ▼	Home Telephone Number ▼

B. RECEIVING INSTITUTION INFORMATION

Fidelity Investments Canada ULC (agent for Computershare Trust Company of Canada) 483 Bay Street, Suite 300, Toronto, Ontario M5G 2N7	Client Services: 1 800 263-4077 Fax: 1 800 387-8092	Client Account ▼	A\$M Code ▼ FID
Dealer Name ▼	Dealer Number ▼	Advisor Name ▼	Advisor Code ▼
Dealer Cross Reference No. ▼	Business Telephone Number ▼	Business Fax Number ▼	

ACCOUNT TYPE:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> RRSP | <input type="checkbox"/> RRIF |
| <input type="checkbox"/> Spousal RRSP | <input type="checkbox"/> Spousal RRIF |
| <input type="checkbox"/> LIRA | <input type="checkbox"/> LRIF |
| <input type="checkbox"/> LRSP | <input type="checkbox"/> LIF |
| <input type="checkbox"/> RLIF | <input type="checkbox"/> RLSP |
| <input type="checkbox"/> PRIF | <input type="checkbox"/> TFSA |
| <input type="checkbox"/> Non-Registered | <input type="checkbox"/> FHSA |

INVESTMENT INSTRUCTIONS: Note: DSC series (including Low Load and Low Load 2 options) of Fidelity Funds cannot be purchased on and after June 1, 2022.

Fund Name	Fund #	Indicate Amount		Sales Charge %
		<input type="checkbox"/> \$	<input type="checkbox"/> %	

COMMISSION REBATE:

Fund Name	Fund #	Indicate Amount	
		<input type="checkbox"/> \$	<input type="checkbox"/> %

C. CLIENT DIRECTION TO RELINQUISHING INSTITUTION *Make cheque payable to Fidelity Investments Canada ULC*

Relinquishing Institution Name ▼	Client Account/Policy Number ▼	Group Plan Number (if applicable) ▼
Address (Street, City, Province, Postal Code) ▼		Relinquishing Institution Fax Number ▼

TRANSFER: (check one box only)

- All in cash* All as is (in Kind) All assets*, but mixed in Cash and as is (in Kind), see list below or attached list Partial* - as listed below or on attached list

*Please refer to statement in bold in Client Authorization section below.

<input type="checkbox"/> In Kind <input type="checkbox"/> In Cash	<input type="checkbox"/> \$ <input type="checkbox"/> % Investment Amount ▼	Symbol and/or Certificate Number or Policy Number ▼	Investment Description ▼
<input type="checkbox"/> In Kind <input type="checkbox"/> In Cash	<input type="checkbox"/> \$ <input type="checkbox"/> % Investment Amount ▼	Symbol and/or Certificate Number or Policy Number ▼	Investment Description ▼

FOR USE BY RELINQUISHING INSTITUTION
Delay Delivery Until ▼

Delay Delivery Until ▼

D. CLIENT AUTHORIZATION

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

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.

For Quebec Residents only / Réserve aux résidents du Québec

By signing below, each of the parties acknowledges having received and examined the terms of this agreement in French and it is each of the parties' express wish that this agreement be drawn up in English. Each party agrees not to dispute the validity of this agreement on the basis that it is drawn up exclusively in English. En apposant sa signature ci-dessous, chacune des parties reconnaît avoir reçu et examiné les conditions de cet accord en français, et c'est la volonté expresse de chacune des parties que cet accord soit rédigé en anglais. Chaque partie convient de ne pas contester la validité de cet accord au motif qu'il est rédigé exclusivement en anglais.

Signature of Account Holder ▼	Date ▼	Signature of Joint Account Holder (if applicable) ▼	Date ▼	Irrevocable Beneficiary: I consent to the transfer of the account. Signature of Irrevocable Beneficiary (if applicable) ▼	Date ▼
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E. FOR USE BY RELINQUISHING INSTITUTION ONLY

Account Type: <input type="checkbox"/> RRSP <input type="checkbox"/> LIRA <input type="checkbox"/> LRSP <input type="checkbox"/> RLSP <input type="checkbox"/> RRIF: <input type="checkbox"/> Qualified <input type="checkbox"/> Non Qualified <input type="checkbox"/> LRIF <input type="checkbox"/> LIF <input type="checkbox"/> PRIF <input type="checkbox"/> RLIF <input type="checkbox"/> TFSA <input type="checkbox"/> FHSA <input type="checkbox"/> Non-Registered			
Spousal Plan: <input type="checkbox"/> No <input type="checkbox"/> Yes - if yes, complete the following information			
Last Name ▼	First Name ▼	Initial ▼	Social Insurance Number ▼
Locked In: ▼ <input type="checkbox"/> No <input type="checkbox"/> Yes (Attach Locked-In confirmation)	Locked-In amount ▼ \$	Total Amount ▼	Governing Legislation ▼
Contact Name ▼	Telephone Number ▼	Fax Number ▼	
Authorized Signature ▼			Date ▼