

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.

**Client Identification**

Mr.  
 Mrs

Account / Policy Holder Last Name First Name Initials

Address City Province Postal Code

Social Insurance Number Home Telephone Number Business Telephone Number

**Receiving Institution Information**

BBS SECURITIES INC. C/O : ACCOUNT TRANSFERS Receiving Institution Client Account Number : [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

199 Bay Street, Suite 2600, P.O. BOX 108, Toronto, ON, M5L 1E2

5085 BBSM 7 8 9 9 B B S 1 1.877.310.1088 416-288-8611 transfer@virtualbrokers.com

DTC# CUID# Dealer Rep. No Contact Telephone Number Fax Number E-mail

Registered type - RSP574-529 Registered type - RIF1329

RRSP  Spousal RRSP  LRSP  LIRA Province  RRIF  Spousal RRIF  LRIF  LIF Province

Tax Free Saving Account Type - TFSA05740139

TFSA

**Client Direction to Relinquishing Institution**

Relinquishing Institution Name

Address City Province Postal Code

Client Account / Policy Number Group Plan Number (If applicable)

Transfer (check one box only)

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

In Kind OR  In Cash Investment Amount Symbol and/or Certificate Number or Policy Number

Investment Description

In Kind OR  In Cash Investment Amount Symbol and/or Certificate Number or Policy Number

Investment Description

In Kind OR  In Cash Investment Amount Symbol and/or Certificate Number or Policy Number

Investment Description

**Client Authorization**

I hereby request the transfer of my account and its investments as described above.  
**PLEASE CANCEL ALL OPEN ORDERS (G.T.C. / SWF / PAC, ETC.) FOR MY ACCOUNT(S) ON YOUR BOOKS.**

\* Where I have requested a transfer in cash, I authorize the liquidation of all or part of my investments. I agree to pay any applicable fees, charges or adjustments.

I consent to the transfer of the account.

Signature of Account Holder Date Signature of Irrevocable Beneficiary (if applicable) Date

**For use By Relinquishing Institution Only**

Please provide book value for equities.

Registered type  RRSP  LIRA  LRSP  Qualified RRIF  Non Qualified RRIF  LRIF  LIF  TFSA  OTHER

Spousal Plan  No  Yes - If yes : [ ]

Locked-In : Last Name First Name Initial Social Insurance Number

No  Yes Locked-in confirmation attached

Locked-in funds Governing Legislation

Contact Name Telephone Number Fax Number

Authorized Signature Date