

# TRANSFER AUTHORIZATION FOR REGISTERED INVESTMENTS (RRSP/TFSA)



This form can be used for RSP to RSP or TFSA to TFSA transfers (except for transfers due to death).

Please ensure you have submitted an RSP or TFSA Application.

**Please note:** data entered on this form may be scanned and stored electronically.  
Please print neatly in the spaces provided to ensure completeness and machine readability.

Account Holder			
Last Name	First Name	Middle Name	
Address	City	Province	Postal Code
S.I.N.	D.O.B. (DD/MM/YY)	Phone Number (incl. area code)	

Receiving Institution Information			
Receiving Institution Name <b>PEOPLES TRUST COMPANY</b>		Contact Name <b>DEPOSIT SERVICES</b>	
Address <b>1400 – 888 DUNSMUIR STREET</b>	City <b>VANCOUVER</b>	Province <b>BC</b>	Postal Code <b>V6C 3K4</b>
Business Telephone Number <b>604-683-2881</b>	Business Fax Number <b>604-683-5110</b>		
Client Account / Plan Number / Confirmation Number			
Registered Type: <input type="checkbox"/> RRSP <input type="checkbox"/> Spousal RRSP <input type="checkbox"/> TFSA			

Client Direction to Relinquishing Institution			
Relinquishing Institution Name		Account Number*	
Address	City	Province	Postal Code

\* To transfer multiple accounts, please include a list.

Description of Amount to be Transferred	
<input type="checkbox"/> Please transfer in cash ALL of the property (approximately) \$ _____	Maturity Date: _____
<input type="checkbox"/> Please transfer in cash PART of the property in the amount of \$ _____	Maturity Date: _____

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 charged by the relinquishing institution. 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			
Spousal Plan <input type="checkbox"/> No <input type="checkbox"/> Yes	Registered Type: <input type="checkbox"/> RRSP <input type="checkbox"/> TFSA		
If yes: Last Name	First Name	Initial	S.I.N.
Contact Name	Telephone Number	Fax Number	
Authorized Signature _____		Date _____	

TO BE COMPLETED BY PEOPLES TRUST UPON RECEIPT OF FUNDS	
Amount Received:	Date Received:
FOR ADMINISTRATIVE USE ONLY	
Date Processed:	Administrator:

**Forward Direct Transfer Form to:**  
Suite 1400 – 888 Dunsmuir Street, Vancouver, BC V6C 3K4  
Phone: 604-683-2881 Fax: 604-683-5110  
Toll Free: 1-800-663-0324  
[www.peoplestrust.com](http://www.peoplestrust.com)