



One focus, many solutions.

Authorization to Transfer Non-Registered Account

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 Holder Last Name _____ First Name _____ Init. _____

Joint Holder (if applicable) Last Name _____ First Name _____ Init. _____

Address _____

City _____ Prov. _____ Postal Code _____

Social Insurance Number _____ Home Telephone Number _____ Business Telephone Number _____

B: Receiving Institution Information

Receiving Institution Name
EDUCATORS FINANCIAL GROUP INC.

Address
2225 SHEPPARD AVENUE EAST SUITE 1105

City _____ Prov. _____ Postal Code _____
TORONTO ON M2J 5C2

Telephone Number _____ Fax Number _____
416-752-6843 416-752-6649

Client Account/Policy Number _____

Dealer Name _____ Dealer Number _____
EDUCATORS FINANCIAL GROUP INC. 9141

Agent Name _____ Agent Number _____

Business Telephone Number _____ Business Fax Number _____ Dealer Account Number _____
416-752-6843 416-752-6649

For use by Mutual Fund Brokers/Dealers only

Investment Instructions:

Investment Name	Symbol	%/ \$ Amount

C: Client Direction to Relinquishing Institution

Relinquishing Institution Name _____

Address _____

City _____ Prov. _____ Postal Code _____

Group Plan Number (if applicable) _____ Client Account/Policy 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.*

In Kind	In Cash	Investments Amount	Symbol and/or Certificate Number or Policy Number	FOR USE BY RELINQUISHING INSTITUTION Delay Delivery Until
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	D D M M Y Y
Shares/Unit	Dollars	Investment Description	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	D D M M Y Y
Shares/Unit	Dollars	Investment Description	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	D D M M Y Y
Shares/Unit	Dollars	Investment Description	_____	_____

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. IF THE TRANSFER IS IN KIND, PLEASE TAKE ANY APPLICABLE FEES FROM:** _____

Signature of Account Holder _____	Date _____	Signature Guarantee _____
Joint Holder (if applicable) _____	Date _____	