



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/Policy 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 TORONTO	Prov. ON	Postal Code M2J 5C2	
Telephone Number 416-752-6843	Fax Number 416-752-6649	Client Account/Policy Number	
Dealer Name EDUCATORS FINANCIAL GROUP INC.		Dealer Number 9141	
Agent Name		Agent Number	
Business Telephone Number 416-752-6843	Business Fax Number 416-752-6649	Dealer Account Number	

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.

FOR USE BY RELINQUISHING INSTITUTION

In Kind	In Cash	Investments Amount	Symbol and/or Certificate Number or Policy Number	Delay Delivery Until
<input type="checkbox"/>	<input type="checkbox"/>			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Shares/Unit	Dollars	Investment Description		
<input type="checkbox"/>	<input type="checkbox"/>			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Shares/Unit	Dollars	Investment Description		
<input type="checkbox"/>	<input type="checkbox"/>			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Shares/Unit	Dollars	Investment Description		
<input type="checkbox"/>	<input type="checkbox"/>			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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	