

1. Client Information

Client name and last name			Date of birth (YYYY-MM-DD)		
Address (No., street, apt.)		City	Province		Postal code
Telephone number	Social Insurance Number	Email Address			
Joint Client Name (non-registered only)		Joint Client Social Insurance Number	In Trust For Name (ITF accounts only)		

2. Receiving Institution Information (Complete section 2.1 or 2.2 – one form per transfer)

2.1 Guaranteed Investment Funds

Note (GIF only): We are eligible for A\$M transfer. To proceed, use the manufacturer code IMP.

Desjardins Financial Security
1150, rue de Claire-Fontaine, Quebec QC G1R 5G4

Phone: 1-877-647-5435
Fax: 1-888-926-2987

gifclientservice@dfs.ca

Contract Number

Investment Type*: Non-Registered RRSP Spousal RRSP LIRA LRSP RRIF Spousal RRIF LIF TFSA
 Other: _____

*For locked-in plans, please indicate the legislation: _____

Fund Name	Fund Number	Investment Amount (\$/%)
1.		
2.		
3.		

2.2 Annuities

Note (Annuities only): Only cheques are accepted. Please make cheque payable to "Desjardins Financial Security".

Desjardins Financial Security
1150, rue de Claire-Fontaine, Quebec QC G1R 5G4

Phone: 1-877-647-5435
Fax: 1-888-647-5017

savings@dfs.ca

Contract Number

Investment Type*: Non-Registered RRSP Spousal RRSP LIRA LRSP RRIF Spousal RRIF LIF TFSA
 Other: _____

*For locked-in plans, please indicate the legislation: _____

2.2.1 Accumulation Annuities

<p>Daily interest Investment \$ _____</p> <p>Fixed-Interest Investment</p> <p><i>Redeemable term</i> <i>Non-Redeemable term</i></p> <p>Term: _____ Term: _____</p> <p>Interest: _____ % Interest: _____ %</p> <p><input type="checkbox"/> Compound <input type="checkbox"/> Compound</p> <p><input type="checkbox"/> Simple annual</p> <p><input type="checkbox"/> Simple monthly</p> <p>Amount: \$ _____ Amount: \$ _____</p>	<p>Variable Investment</p> <p><i>Guarantee Advantage</i></p> <p>Basket of Securities: _____</p> <p>Term: _____ Initial date (campaign): _____</p> <p>Guaranteed Minimum: _____ %</p> <p>Potential Maximum: _____ %</p> <p>Amount: \$ _____</p>
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2.2.2 Retirement Annuity

Retirement Annuity: \$ _____

3. Client Instructions to Relinquishing Institution

Relinquishing Institution Name		Account No. / Policy No.	Fax
Address (No., street, apt.)	City	Province	Postal code

Transfer* (only check one): **All in cash*** **All in kind** **Partial** (as listed below or on attached list)

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

Transfer Type	Investment Amount	Fund Code/Symbol	Investment Description
<input type="checkbox"/> In cash <input type="checkbox"/> In Kind	<input type="checkbox"/> Units/shares <input type="checkbox"/> Dollars		
<input type="checkbox"/> In cash <input type="checkbox"/> In Kind	<input type="checkbox"/> Units/shares <input type="checkbox"/> Dollars		
<input type="checkbox"/> In cash <input type="checkbox"/> In Kind	<input type="checkbox"/> Units/shares <input type="checkbox"/> Dollars		

4. Dealer and Advisor/Representative Information

Dealer Name	Dealer Number (GIF only)	
Advisor/Representative Name	Advisor/Representative Signature	Advisor/Representative Code

Note: The advisor is responsible for sending the documents to the relinquishing institution and for following up on the request.

5. Client Authorization

I hereby request the transfer of my account and the investments in it as specified herein. Where I have requested a transfer in cash, I authorize the liquidation of all or part of my investments, and I agree to pay any applicable fees, charges or adjustments required to be paid prior to this transfer. Where I have requested a transfer in kind, I authorize the liquidation of the specified fund to pay any applicable fees, charges or adjustments required to be paid prior to this transfer.

<input checked="" type="checkbox"/> Signature of Client	Date (YYYY-MM-DD)	Irrevocable Beneficiary: I consent to the transfer of the account.
<input checked="" type="checkbox"/> Signature of Joint Client (if applicable)	Date (YYYY-MM-DD)	<input checked="" type="checkbox"/> Signature of Irrevocable Beneficiary (if applicable)
		Date (YYYY-MM-DD)

6. For use by Relinquishing Institution only

 **Note (GIF only):** We are eligible for A\$M transfer. To proceed, use the manufacturer code IMP.

 **Note (Annuities only):** Only cheques are accepted. Please make cheque payable to "Desjardins Financial Security".

Investment Type: <input type="checkbox"/> Non-Registered <input type="checkbox"/> RRSP <input type="checkbox"/> LIRA <input type="checkbox"/> LRSP <input type="checkbox"/> RRIF (Qualified) <input type="checkbox"/> RRIF (Non-Qualified) <input type="checkbox"/> LIF <input type="checkbox"/> TFSA			
<input type="checkbox"/> Other: _____			
<input type="checkbox"/> Spousal Plan	Spousal Name	Spousal SIN	<input type="checkbox"/> Locked-In Funds
Governing Legislation		Contact Name	Telephone
			Fax

Authorized Signature _____ Date (YYYY-MM-DD)