

**A: Client Identification**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Init.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Prov. Postal Code Social Insurance Number Home Telephone Number Business Telephone Number

**B: Receiving Institution Information**

Sceptre Investment Counsel Limited  
26 Wellington Street East, Suite 1200  
Toronto, Ontario, Canada M5E 1W4

Sceptre Account Number: \_\_\_\_\_ Specimen Plan:  RSP 2S4-483  RIF 891

**Investment Instructions:**

FUND	Percentage	Amount
	%	\$
	%	\$
	%	\$
	%	\$

Registered Type:  
 RRSP  RRIF  
 Spousal RRSP  Spousal RRIF  
 LIRA  LRIF  
 LRSP  LIF  
 TFSA

Authorized Signature (As Agent for Trustee, Royal Trust Company) \_\_\_\_\_ Date: 

D	D	M	M	Y	Y	Y	Y
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**Locked-In Confirmation**

\_\_\_\_\_, as agents for \_\_\_\_\_, acknowledge that all locked-in funds from the registered plan noted in the Client Direction to the Relinquishing Institution section below will be transferred to the registered plan type noted and will continue to be administered in accordance with the governing pension legislation or contractual conditional of \_\_\_\_\_ (Province or Territory; if applicable,  old  new). Any subsequent transfer of these locked-in funds to another trustee or financial institution will be made only to another registered plan, which must continue to be administered in accordance with legislation of the jurisdiction noted above. No transfer of locked-in funds will be permitted unless the receiving plan is appropriately registered and in compliance with the applicable pension legislation, regulations and the Income Tax Act (Canada) and appears on the Superintendent's List of Financial Institutions authorized to administer funds in the jurisdiction noted above (if applicable).

Authorized Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

**C: Client Direction to Relinquishing Institution**

Relinquishing Institution Name: \_\_\_\_\_ Group Plan Number (if applicable): \_\_\_\_\_ Client Account/Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov. Postal Code: \_\_\_\_\_

Registered Type:  
 RRSP  RRIF  
 Spousal RRSP  Spousal RRIF  
 LIRA  LRIF  
 LRSP  LIF  
 Group RSP  TFSA

**Please note: Unless funds being transferred are existing Sceptre Mutual Fund Units, the transfer should be 'in cash.' Existing Sceptre Mutual Fund Units are to be transferred 'in kind.'**

**\*Please refer to statement in bold in Client Authorization section below.**

All	Lump Sum	Investment Amount	Certificate/Policy Number (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Investment Description	
<input type="checkbox"/>	<input type="checkbox"/>	Investment Description	
<input type="checkbox"/>	<input type="checkbox"/>	Investment Description	

FOR USE BY RELINQUISHING INSTITUTION

Delay Delivery Until

D	D	M	M	Y	Y	Y	Y
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Delay Delivery Until

D	D	M	M	Y	Y	Y	Y
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Delay Delivery Until

D	D	M	M	Y	Y	Y	Y
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**Transfer Information** A Qualifying RRIF is one, which was opened before 1993 and has not accepted any funds after 1992, or opened at any time and has not had funds transferred in after 1992 except from another Qualifying RRIF.

Qualifying RRIF  Yes  No Transfer From: \_\_\_\_\_ Note: If insufficient space, please attach list.

**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.**

Signature of Account Holder \_\_\_\_\_ Date \_\_\_\_\_ Irrevocable Beneficiary: I consent to the transfer of the account. Signature of Irrevocable Beneficiary (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

(For locked-in plans) Spouse: I consent to the transfer of the account. Signature of Spouse (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

**E: For Use by Relinquishing Institution Only**

Registered Type:  RRSP  LIRA  LRSP  TFSA  RRIF:  Qualified  Non Qualified  LRIF  LIF Spousal Plan:  No  Yes - if yes, complete the following:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Init.: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

• The default is "unisex;" if sex-distinct, check here  • Current year's investment earnings to date: \$ \_\_\_\_\_

• If spouse waiver/consent form attached, check here

**Locked In:**  No  Yes - confirmation attached

Amount: \$ \_\_\_\_\_ Governing Legislation: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date: 

D	D	M	M	Y	Y	Y	Y
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## **COMPLETING YOUR TRANSFER AUTHORIZATION FORM**

Completing a Transfer Authorization Form (formerly Revenue Canada T2033(E) form) is only required if you are transferring registered plan funds from another institution. It is important to note that if you do not have an existing Sceptre account, the Transfer Authorization Form must be accompanied by a completed new account application form.

### **PART A – CLIENT IDENTIFICATION**

Fill in your name, Social Insurance Number, telephone number and address.

### **PART B – RECEIVING INSTITUTION INFORMATION**

If you know your Sceptre RRSP or RRIF account number, enter it in the space provided. If you are sending the transfer as part of an application to open a new account you may leave this area blank.

Check the box that applies to your Sceptre account or the type of account you wish to establish (RRSP, RRIF, etc).

In the “Investment Instruction” section, please select your choice of fund(s) and how you wish to allocate the transfer amount as a dollar amount or a percentage.

In the event the transfer amount you have stated is different from the actual amount received by Sceptre, we will allocate the amount on a corresponding percentage basis.

### **PART C – CLIENT DIRECTION TO RELINQUISHING INSTITUTION**

Fill in the complete address of the institution where the funds are coming from.

Fill in your account number at the relinquishing institution. If you are transferring funds that have a number that is different from your account/policy number, enter it in the “Certificate Number” section (i.e. a maturing GIC).

If possible, enclose a copy of a recent statement of the registered plan being transferred to Sceptre.

If you wish to transfer all of the property in your account, check the box signifying “All”.

If you wish to transfer a lump sum, check the box signifying “Lump Sum” and enter the amount that you wish to be transferred in the “Investment Amount” section. If you hold more than one fund at the relinquishing institution it is important that you clarify in the “Investment Description” section which funds should be redeemed since these will represent the proceeds that will be transferred.

### **PART D – CLIENT AUTHORIZATION**

Important: Please sign and date here (If the Transfer Authorization Form is not signed or accompanied by a letter with an original signature, the relinquishing institution will not process your transfer).

### **PART E – FOR USE BY RELINQUISHING INSTITUTION ONLY**

This area is for internal use only.