

# Transfer registered assets from another company to a registered product



This form can be used for RSP to RSP transfers, RSP to RIF transfers and RIF to RIF transfers, TFSA to RSP transfers, TFSA to TFSA transfers, RIF to TFSA transfers and RSP to TFSA transfers (except for transfers due to death). For RIF to TFSA and RSP to TFSA transfers, withholding tax will apply to the amount withdrawn from the source contract.

## 1 Customer Identification (Completed by the advisor or applicant)

Account / Policy holder name		
No. & street		
City	Province	Postal Code
Social insurance number	Telephone number (home)	Telephone number (business)

## 2 Receiving Institution Information

Receiving Institution name: Sun Life Assurance Company of Canada  
 Address: 227 King St South  
 PO Box 1601 STN Waterloo  
 Waterloo ON N2J 4C5  
 Telephone number: 1 877 SUN-LIFE (1 877 786-5433)  
 Fax number: 1 866 487-4745

Customer account policy number	Group plan number (if applicable)
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### Registered Type

- RRSP
- Spousal RRSP
- TFSA
- LIRA
- LRSP
- RLSP (federal jurisdiction only)
- RRIF
- Spousal RRIF
- LRIF
- LIF
- RLIF (federal jurisdiction only)

### Investment instructions

Investment name	Symbol	%/\$ Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## 3 Customer Direction to Transferring Institution

Transferring institution name		
No. & street		
City	Province	Postal Code
Group plan number (if applicable)	Customer Policy number	

Transfer (check one box only)

- All in cash
- In cash Investments amount \_\_\_\_\_ Investments description \_\_\_\_\_
- In cash Investments amount \_\_\_\_\_ Investments description \_\_\_\_\_
- Partial - as listed below or on attached list  
 Symbol and/or certificate number or policy number \_\_\_\_\_  
 Symbol and/or certificate number or policy number \_\_\_\_\_

#### 4 Customer Authorization

I hereby request the transfer of my account and its investments as described on the previous page. 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 policy holder X	Date (d/m/y)
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#### Irrevocable Beneficiary: I consent to the transfer of the account

Signature of irrevocable beneficiary (if applicable) X	Date (d/m/y)
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#### 5 Information provided by Transferring Institution only

##### Registered Type:

RRSP  TFSA  LIRA  LRSP  RLSP (federal jurisdiction only)  RRIF  LRIF  LIF  RLIF (federal jurisdiction only)

If RRIF is it:  Qualified  Non-qualified

Spousal plan  No  Yes If yes, please complete

Last name
First name
Social insurance number

Locked in:  No  Yes Locked in confirmation attached \$\_\_\_\_\_ Governing legislation \_\_\_\_\_

Contact name	Telephone number	Fax number
Authorized Signature X		Date (d/m/y)

Sun Life Assurance Company of Canada is a member of the Sun Life Financial group of companies.