

AUTHORIZATION FOR THE TRANSFER OF REGISTERED INVESTMENTS

(RSP, LIRA, locked-in RSP, RIF, locked-in RIF, LIF, TFSA)
This form is to be used for transfers between RSPs (except transfers due to a death), transfers from an RSP to a RIF, transfers between TFSA's and transfers between RIFs.

N.B. Information on this form may be scanned and stored electronically. Please print in the spaces provided, ensuring that the information you give is complete, correct and legible enough to be scanned.

A. CLIENT IDENTIFICATION

First and last name of account/contract holder _____ Initials _____

Address _____

City _____ Province _____ Postal Code _____

Social Insurance No. _____ Telephone No. - home _____ Telephone No. - work _____

B. INFORMATION ON RECEIVING INSTITUTION

National Bank Investments Inc.
Corporate name of receiving institution _____ Group contract No. (if applicable) _____

1010 De La Gauchetière Street West, Mezzanine 100, 8th floor, TR 5321-1
Address _____

Montreal _____ **Quebec** _____ **H3B 5J2** _____
City Province Postal Code

1-877-463-7627 _____ **1-866-771-7695** _____
Telephone No. Fax No. Client's account/contract No. _____

OR (Reserved for brokerage firms offering mutual funds)

Corporate name of brokerage firm _____ Brokerage firm No. _____

First and last name of representative _____ Representative No. _____

Telephone No. _____ Fax No. _____ Brokerage firm account No. _____

Type of registered investment RRSP RRIF Spousal RRSP Spousal RRIF locked-in RRIF
 TFSA locked-in RRSP (federal) LIF (provincial) LIF (federal) LIRA (provincial) _____
Indicate province

First and last name of contact person _____ Telephone No. _____ Transit No. _____

Investment Selection

Fund Name	Fund No.	Sales Charge (Front Load Purchases only)	Investment Amount (\$ or %)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. INFORMATION ON REPRESENTATIVE

First and last name of Representative _____ Initials _____ Telephone No. _____

E-mail _____ Representative No. _____

D. INSTRUCTIONS OF CLIENT TO TRANSFERRING INSTITUTION

Corporate name of transferring institution _____ Group contract No. (if applicable) _____

Address _____

City _____ Province _____ Postal Code _____

Client's account/contract No. _____

Transfer

In cash * In kind

Total Partial * \$ _____ OR see list

*See declaration in bold in the "Client authorization" section below.

Investment amount (\$)	Security symbol and/or No., contract No. or certificate No.	RESERVED FOR TRANSFERRING INSTITUTION Do not deliver before (MM DD YYYY)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. CLIENT AUTHORIZATION

I hereby request the transfer of my account and the investments in it, in the manner specified above.

***IN THE EVENT OF A CASH TRANSFER, I AUTHORIZE THE LIQUIDATION OF ALL OR PART OF MY INVESTMENTS AND I AGREE TO PAY ALL APPLICABLE CHARGES OR ADJUSTMENTS.**

Designation of beneficiary for death or unseizability (complete F.12724-002 "Designation and change of beneficiary").

_____ Signature of account holder	_____ Date (MM DD YYYY)	_____ Signature of irrevocable beneficiary (if applicable) I consent to the transfer of the account.	_____ Date (MM DD YYYY)
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F. RESERVED TO TRANSFERRING INSTITUTION

Type of registered investment RRSP LIRA locked-in RRSP RRIF eligible ineligible locked-in RRIF LIF TFSA

Spousal plan No Yes If yes: if locked-in, applicable law Federal Provincial _____
Indicate province

_____ First and last name	_____ Initials	_____ Social Insurance No.
_____ Funds transferred (\$)		
_____ First and last name of Contact person	_____ Telephone No.	_____ Fax No.
_____ Date (MM DD YYYY)	_____ Authorized signature	