

Starlight Transfer Authorization for Registered Investments (RRSP, LIRA, LRSP, RIF, LRIF, LIF, RLIF, RLSP, PRIF, TFSA)



- This form can be used for transferring the registered plans listed above except (1) RIF to RSP transfers, (2) transfers due to death and (3) transfers due to marital breakdowns.
- Data entered on this form may be scanned and stored electronically. Please print neatly to ensure completeness, accuracy and machine-readability.

1. CLIENT IDENTIFICATION

Account/policy holder last name	First name	Initial(s)	Social insurance number	Telephone (Residence)
Address	City	Province	Postal code	Telephone (Business)

2. RECEIVING INSTITUTION INFORMATION

Starlight Capital	Transfers Department			1-833-290-2606
Receiving Institution Name	Contact Name	Group Plan Number (if applicable)	Client Account / Policy Number	Telephone
c/o RBC Investor & Treasury Services 3rd Floor Imaging 155 Wellington St West	Toronto	Ontario	M5V 3L3	1-866-716-2977
Address	City	Province	Postal Code	Fax

Insert clearing and settlement information (E.g., CDS CUID, DTCC participant #)

<input type="checkbox"/> Firm x	<input type="checkbox"/> Subsidiary x	<input type="checkbox"/> Affiliate x	<input type="checkbox"/> Firm x
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For use by mutual fund brokers/dealers only

Dealer name	Dealer number	Dealer account number
Agent name	Agent number	Telephone (Business)
		Fax (Business)

► Investment Instructions

Registered Type	Investment Name	Symbol	% / \$ Amount
<input type="checkbox"/> RRSP <input type="checkbox"/> RRIF			
<input type="checkbox"/> Spousal RRSP <input type="checkbox"/> Spousal RRIF			
<input type="checkbox"/> LIRA <input type="checkbox"/> LRIF			
<input type="checkbox"/> LRSP <input type="checkbox"/> LIF			
<input type="checkbox"/> PRIF <input type="checkbox"/> RLIF			
<input type="checkbox"/> RLSP <input type="checkbox"/> TFSA			

► Locked-In Confirmation

_____, as agents for Starlight Capital Investments, 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).

X	DD/MM/YYYY
Authorized signature	Date

3. CLIENT DIRECTION TO RELINQUISHING INSTITUTIONS

Relinquishing institution name _____ Group plan number (if applicable) _____

Address _____ City _____ Province _____ Postal Code _____ Client account / Policy number _____

► **Transfer:** (check one box only for asset transfer instructions and an additional box if asset list is attached)

All in kind (as is) All in cash* Cash balance only as at date of transfer by relinquishing institution All assets*, but mixed in cash and in kind; see list below or check here if list attached Partial*; see list below or check here if list attached

* Please refer to statement in bold in client authorization section below

in kind in cash _____ _____
 Shares/Units Dollars Investment Amount Symbol and/or certificate number or policy number

Investments description: _____

in kind in cash _____ _____
 Shares/Units Dollars Investment Amount Symbol and/or certificate number or policy number

Investments description: _____

4. 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.**

X _____ DD/MM/YYYY
 Signature of account/policy holder Date

► **Irrevocable beneficiary:**
 I consent to the transfer of the account X _____ DD/MM/YYYY
 Signature of irrevocable beneficiary (if applicable) Date

► **(For locked-in plans) Spouse:**
 I consent to the transfer of the account X _____ DD/MM/YYYY
 (For locked-in plans) Signature of spouse (if applicable) Date

5. FOR USE BY RELINQUISHING INSTITUTION ONLY

Registered type: RRSP LIRA LRSP RRIF Qualified Non-Qualified PRIF
 RLIF RLSP TFSA LRIF LIF Federal LIF Old LIF New LIF

Spousal plan: No Yes If yes: _____

_____ _____ _____ _____
 Last name First name Initial(s) Social insurance number

The default is "unisex;" if sex-distinct, check here \$ _____ If spousal waiver/consent form attached, check here
 Current year's investment earnings to date

Locked in: No Yes If yes, locked-in confirmation attached

\$ _____ _____
 Locked-in funds Governing legislation

_____ _____ _____
 Contact name Telephone Fax

X _____ DD/MM/YYYY
 Authorized signature Date