

IMPORTANT

You must:

- Send the original copy to the relinquishing institution
- Send a copy to our head office
- Submit F17A application for contract issue

This form can be used for transferring the registered and non-registered plans, **except** RRIF to RRSP transfers, RRIF or RRSP to TFSA transfers, TFSA to RRIF or RRSP transfers, transfers due to death and transfers due to marital breakdowns

Please write clearly in block letters. Remember to sign and date the form.

Section A – Client Information
Client identification

First name: _____ Last name: _____

Social Insurance Number: _____ Telephone number: _____

Address: _____

Number, street Apt., PO Box

City Province Postal code

Section B – Receiving institution information (to be completed by the advisor)
Receiving institution

Write the client's name and the Industrial Alliance contract or NP number in the A\$M service or on the cheque.

Make your cheque payable to **Industrial Alliance Insurance and Financial Services inc.**

A\$M Company Code: **INA – Industrial Alliance**

Mailing address: **Industrial Alliance Insurance and Financial Inc.**
IRS2525 Department
1080 Grande Allée West
PO Box 1907, Station Terminus
Quebec City, QC G1K 7M3

Fax: 1-855-685 5161

Advisor identification

Agency code: _____ Advisor code: _____ SU: _____

Fundserv code : Advisor: _____ Dealer: _____

Name of advisor: _____

Telephone number: _____ Ext.: _____

Industrial Alliance contract

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Registration type

☐ RRSP ☐ RRIF ☐ LIRA ☐ LIF ☐ TFSA ☐ RLSP
☐ Spousal RRSP ☐ Spousal RRIF ☐ Locked-in RRSP ☐ RLIF ☐ Life annuity ☐ PRIF
☐ FHSA ☐ Non registered (open)

Locked-in confirmation

Please complete **Section D** with the necessary signatures.

 Retirement jurisdiction: _____

Industrial Alliance Insurance and Financial Services Inc. agrees to administer all locked-in funds transferred under this transfer authorization in accordance with the governing pension legislation in the jurisdiction indicated above. Any subsequent transfer of these locked-in funds to another trustee or financial institution will be made only to another registered plan, which will continue to be administered in accordance with the requirements of the applicable jurisdiction. No transfer of locked-in funds will be permitted unless the receiving plan is appropriately registered and authorized and is in compliance with the applicable pension legislation, regulations and the *Income Tax Act* (Canada).

Investment instructions

If the contract has an automatic investment term (AIT), the amounts deposited in the DIF+ will be invested according to the AIT when the minimum requirement is reached.

☐ High Interest Savings Account: _____ ☐ % or ☐ \$
☐ Daily Interest Fund+: _____ ☐ % or ☐ \$
☐ Investment funds (segregated funds): _____ ☐ % or ☐ \$

Fund no.	% or \$	Fund no.	% or \$	Fund no.	% or \$

☐ Guaranteed Interest Fund (GIF): _____ ☐ % or ☐ \$

Amount	Type of interest	Term
	<input type="checkbox"/> Simple <input type="checkbox"/> Compound (by default)	<input type="checkbox"/> 1 month <input type="checkbox"/> _____ years



Section C – Client's instructions to relinquishing institution

Relinquishing institution identification

Name of the relinquishing institution: _____

Address: _____

Number, street Apt., PO Box

City Province Postal code

Fax: _____

Transfer

⚠ Check one box only

☐ All, in cash ☐ Partial, in cash (as listed below or on attached list) ☐ All matured units, in cash

Investment(s)

Client policy number: _____

Group plan number (if applicable): _____

Investment amount	Certificate number / Policy number	Investment description
\$		
\$		
\$		

Section D – Statement and signatures

Declaration of the applicant

I hereby request the transfer of my account and its investments as described above.

I have requested a transfer in cash, and I therefore authorize the liquidation of all or part of my investments and agree to pay any applicable fees, charges or adjustments to the relinquishing institution.

I, the irrevocable beneficiary, consent to the transfer of the account.

Transfer from an RRSP to an FHSA

Only applicable for transfers from an RRSP to an FHSA

For more information, please visit the *Canada Revenue Agency (CRA)* website.

Spousal or common-law partner RRSP certification (if required)

I understand that if I intend to transfer property from a spousal or common-law partner RRSP under which I am the annuitant, I am not permitted to transfer any amounts from the RRSP if my spouse or common-law partner has contributed any amounts to any of my spousal or common-law partner RRSPs during the current year or the two preceding calendar years. If I make such a transfer, the amount of the transfer will be:

- a taxable withdrawal from my RRSP
- a new contribution to my FHSA

Transfer from an FHSA to an FHSA, RRSP or RRIF

Only applicable for transfers from an FHSA to an FHSA, RRSP or RRIF.

For more information, please visit the *Canada Revenue Agency (CRA)* website.

I understand that if I have an excess FHSA amount at the time of the transfer and I transfer property from my FHSA to my RRSP or RRIF, any portion of the amount transferred that exceeds the total fair market value (FMV) of all the property held in all of my FHSAs at the time of the transfer minus the excess FHSA amount at the time of the transfer, will be treated as both:

- a taxable withdrawal from my FHSA, which must be included as income on my income tax and benefit return for the year of the transfer
- a new RRSP contribution at the time of the transfer to my RRSP or RRIF

Signatures of the applicant

X _____ X _____

Applicant Irrevocable beneficiary

Date: _____

Declaration and signature of authorized signatory/advisor

I confirm that I verified the client's identity and that the client is signing this document of his or her own free will.

X _____ Date: _____

Authorized signatory/advisor

Section E – For use by relinquishing institution only (To be completed by the relinquishing institution, or attach a letter confirming the original contract information)

Plan type

☐ RRSP* ☐ LIRA ☐ Locked-in RRSP ☐ LIF ☐ RRIF* → ☐ Qualified ☐ Non-qualified
☐ TFSA ☐ VRSP ☐ PRIF ☐ RLIF ☐ RLSP ☐ FHSA ☐ Non-registered

***Spousal plan:** ☐ No ☐ Yes

If yes:

Spouse's first name: _____ Spouse's last name: _____

Social Insurance Number: | | | | | | | | | |

- Plan default is "Unisex"; if sex-specific, check here. ☐
- If spouse waiver/consent form attached, check here: ☐

Locked-in funds

Locked-in funds: ☐ No ☐ Yes

Locked-in funds amount: \$ _____ Applicable legislation: _____

Amount paid in the transfer year: \$ _____

Signature of authorized person

Contact name: _____

Telephone number: | | | | | | | | | | Fax: | | | | | | | | | |

X _____ Date: | | | | | | | | | |
Authorized signature