

# NCM Transfer Authorization | Registered & Non-Registered Investments

NCM Asset Management Ltd. c/o CIBC Mellon GSS, Recordkeeping  
1 York St. Suite 900, Toronto, ON M5J 0B6 | Fax: 1.855.884.0493

New Account  
 Existing Account  
 Dealer Account

## 1. Annuitant Information

Mr.  Mrs.  Ms.  Dr. Preferred language of correspondence  English  French

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial(s) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Date of Birth (DD/MM/YYYY) \_\_\_\_\_ Social Insurance Number (Mandatory) \_\_\_\_\_ Home Phone Number \_\_\_\_\_

### Non-Registered Accounts Only

Joint Accounts Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Social Insurance Number (Mandatory) \_\_\_\_\_

## 2. Receiving Institution Information

NCM Asset Management Ltd. c/o CIBC Mellon GSS, Recordkeeping  
1 York St. Suite 900, Toronto, ON M5J 0B6

For new accounts, please attach completed NCM Account Application  
NCM Account Number (if existing) \_\_\_\_\_

Registered Plan Type:  RRSP  Spousal RRSP  RRIF  Spousal RRIF  TFSA  LIRA  LRSP  RLSP  LRIF  LIF  RLIF  Non-Registered

Dealer Name \_\_\_\_\_ Dealer Number \_\_\_\_\_ Dealer Account Number \_\_\_\_\_

Financial Advisor Name \_\_\_\_\_ Rep Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Investment Instruction	Fund Name	Fund Number	Amount (\$)	Amount (%)	FE SC %	LL
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

Special Instructions: \_\_\_\_\_

**Locked-in Confirmation.** NCM Asset Management Ltd. as agent for CIBC Mellon Trust Company as Trustee, agrees to administer all locked-in funds transferred under this transfer authorization in accordance with the governing legislation indicated in Section "5" below. 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 in Section "5" below. 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).

## 3. Client Direction to Relinquishing Institution

Relinquishing Institution Name \_\_\_\_\_ Client Account Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Transfer (check one box only)  All in kind (for units of NCM funds only)  All assets\*, but mixed in Cash and in Kind (for units of NCM Funds only). See list below or attached list.  
 Partial\* as listed below or on attached list.  All in cash\* *\*Please refer to statement in bold in Client Authorization section below*

In Kind <input type="checkbox"/>	In Cash <input type="checkbox"/>	Investment Amount: Account # or Policy #:	Investment Description:
In Kind <input type="checkbox"/>	In Cash <input type="checkbox"/>	Investment Amount: Account # or Policy #:	Investment Description:

## 4. Client Authorization

I hereby request the transfer of my account and its investments as described above. I acknowledge that all investments in my NCM RSP, or RIF or TFSA must be made through a registered Dealer and that the Dealer noted above is acting as my agent in this regard. \*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 Annuitant \_\_\_\_\_ Date \_\_\_\_\_ Signature of Irrevocable Beneficiary (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Joint Applicant (for Non-Registered Accounts) \_\_\_\_\_ Date \_\_\_\_\_

## 5. For Use By Relinquishing Institution Only

Registered Plan:  RRSP  RRIF  Qualified  Non-Qualified  Spousal Plan  No  Yes - if yes, complete Contributor Info  TFSA  Non-Registered  
 LIRA  LRSP  RLSP  LRIF  LIF  PRIF  RLIF Locked-in funds: \$ \_\_\_\_\_ Governing Legislation \_\_\_\_\_

Contributor Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initials \_\_\_\_\_ Date of Birth (DD/MM/YYYY) \_\_\_\_\_ Social Insurance Number \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_