

Please note : The data entered on this form may be scanned and stored electronically. Please print neatly in the spaces provided to ensure completeness, accuracy and machine readability.

Client Identification

Mr.
 Mrs.

Account / Policy Holder Last Name _____ First Name _____ Initials _____

Address _____ City _____ Province _____ Postal Code _____

Social Insurance Number _____ Home Telephone Number _____ Business Telephone Number _____

Receiving Institution Information

BBS SECURITIES INC. C/O : ACCOUNT TRANSFERS Receiving Institution Client Account Number : _____

199 Bay Street, Suite 2600, P.O. BOX 108, Toronto, ON, M5L 1E2

5085 BBSM 7899 BBS1 1.877.310.1088 416-288-8611 transfer@virtualbrokers.com
DTC# CUID# Dealer Rep. No Contact Telephone Number Fax Number E-mail

Registered type - RSP574-529 Registered type - RIF1329
 RRSP Spousal RRSP LRSP LIRA _____ Province RRIF Spousal RRIF LRIF LIF _____ Province

Tax Free Saving Account Type - TFSA05740139
 TFSA

Client Direction to Relinquishing Institution

Relinquishing Institution Name _____

Address _____ City _____ Province _____ Postal Code _____

Client Account / Policy Number _____ Group Plan Number (If applicable) _____

Transfer (check one box only)
 All in kind All in cash* Partial* - as listed below or on attached list All assets* mixed in cash and in kind (as is), see list below or attached list

In Kind OR In Cash Investment Amount _____ Symbol and/or Certificate Number or Policy Number _____
Investment Description _____

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Investment Description _____

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Investment Description _____

Client Authorization

I hereby request the transfer of my account and its investments as described above.
PLEASE CANCEL ALL OPEN ORDERS (G.T.C. / SWF / PAC, ETC.) FOR MY ACCOUNT(S) ON YOUR BOOKS.
* Where I have requested a transfer in cash, I authorize the liquidation of all or part of my investments. I agree to pay any applicable fees, charges or adjustments.

I consent to the transfer of the account.

Signature of Account Holder _____ Date _____ Signature of Irrevocable Beneficiary (if applicable) _____ Date _____

For use By Relinquishing Institution Only

Please provide book value for equities.

Registered type RRSP LIRA LRSP Qualified RRIF Non Qualified RRIF LRIF LIF TFSA OTHER _____

Spousal Plan
 No Yes - If yes : _____

Locked-In : Last Name _____ First Name _____ Initial _____ Social Insurance Number _____
 No Yes Locked-in confirmation attached

Locked-in funds _____ Governing Legislation _____

Contact Name _____ Telephone Number _____ Fax Number _____

Authorized Signature _____ Date _____