McLean Budden
LOOK FORWARD™

Transfer Authorization for Registered Investments (RRSP, LIRA, LRSP, LRIF, RIF, LIF, TFSA)

This form can be used for transferring the registered plans listed above **except** (1) RIF to RRSP transfers, (2) RIF or RRSP to TFSA transfers, (3) TFSA to RIF or RRSP transfers, (4) transfers due to death and (5) transfers due to marital breakdowns. This form replaces the T2033 form. For Locked-in accounts please also complete a Locked-in addendum.

A. Client Identification

Account/Policy Holder Last Name | First Name | Middle Initial(s)

Address

City | Province | Postal Code | Social Insurance Number

( ) Residence phone | ( ) Business phone | D D M M Y Y Y Y Date of Birth

B. Receiving Institution Information (Please make cheque(s) payable to RBC Dexia Investor Services Trust c/o client)

Please mail cheque and this form to:

McLean Budden, 145 King Street West
Suite 2525, Toronto, ON M5H 1J8
Tel.: (416) 862-9800 1-800-884-0436
Fax: (416) 862-9624

1. ☐ Existing McLean Budden Account

Account Number

2. ☐ New Account (Application form required)

Registered type:

☐ RRSP ☐ RIF ☐ LIF
☐ LIRA ☐ LRSP ☐ LRIF
☐ TFSA ☐ Spousal RRSP ☐ Spousal RRIF

Investment Instructions:

Fund Name	Code	Class AA	Class D	Class F	Investment Amount or	%
McLean Budden Balanced Growth	MBU	901	001	401	$	%
McLean Budden Balanced Value	MBU	909	009	409	$	%
McLean Budden Canadian Equity Growth	MBU	902	002	402	$	%
McLean Budden Canadian Equity	MBU	910	967	410	$	%
McLean Budden Canadian Equity Value	MBU	907	007	407	$	%
McLean Budden High Income Equity	MBU	911	867	411	$	%
McLean Budden American Equity	MBU	903	003	403	$	%
McLean Budden Global Equity	MBU	908	008	408	$	%
McLean Budden International Equity	MBU	906	006	406	$	%
McLean Budden Fixed Income	MBU	904	004	404	$	%
McLean Budden Money Market	MBU	905	005	405	$	%
					$	%
					$	%
					$	%
				Total	$	100 %

C. Locked-In Confirmation (applicable to LIRA, LRSP, LRIF, LIF plans)

McLean Budden Limited, as Agent for The Royal Trust Company, 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).

Authorized Signature | Name | Date

D. Client Direction to Relinquishing Institution

Relinquishing Insititution Name

Address | Group Plan Number (if applicable)

City | Province | Postal code

( ) Phone number | ( ) Fax number | Client Account/Policy Number

Contact name

Transfer: (check one box only) **Cash*:** ☐ All ☐ Partial – as listed below or on attached list **In-Kind:** ☐ All ☐ Partial – as listed below or on attached list

****Please refer to statement in bold in Client Authorization section below.***

Shares/Unit	Dollars	Investment Amount	Symbol and/or Certificate number or Policy number	Investment Description
☐	☐			
☐	☐			
☐	☐			

E. 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.**

Signature of Account Holder | Date

Irrevocable Beneficiary: I consent to the transfer of the account. Signature of Irrevocable Beneficiary (if applicable) | Date

(For locked-in plans) Spouse: I consent to the transfer of the account.

Signature of Spouse (if applicable) | Date

F. For Use by Relinquishing Institution Only

Registered type: ☐ RRSP ☐ LIRA ☐ LRSP ☐ TFSA ☐ LIF: ☐ *Federal LIF* ☐ *Old LIF* ☐ *New LIF* ☐ LRIF ☐ RIF: ☐ *Qualified* ☐ *Non Qualified*

Spousal Plan: ☐ No ☐ Yes – if yes, please provide spousal information:

Surname | First Name | Middle Initial(s) | Social Insurance Number

Locked In: ☐ No ☐ Yes (Locked-In confirmation attached) – if yes: | D D M M Y Y Y Y Date of Birth

Governing Legislation | $ Locked-In Funds Transferred

Contact name | ( ) Phone number | ( ) Fax number

$ Total Amount Transferred | Authorized Signature | Date

For McLean Budden Use Only:

$ We have received: | Authorized Signature | Date