AIM FUNDS™

TRIMARK INVESTMENTS™

AIM Funds Management Inc.
5140 Yonge Street, Suite 900, Toronto, Ontario M2N 6X7
Telephone: 416.590.9855 or 1.800.874.6275
Facsimile: 416.590.9868 or 1.800.631.7008
inquiries@aimfunds.ca **www.aimfunds.ca**

Transfer Authorization for Registered Investments

(RSP, LIRA, LRSP, RIF, LRIF, LIF)

This form can be used for RSP to RSP transfers (except for transfers due to death), RSP to RIF transfers, RIF to RIF transfers.

A: Client identification

First name | Last name | E-mail address

Address | City | Prov. | Postal code

Social Insurance Number

Business telephone number [ ] -

Home telephone number [ ] -

B: Receiving institution information

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AIM account number (For a new account, please forward a completed AIM Investment Application.)

Group plan number (if applicable)

Dealer / Financial advisor code | Dealer name | Financial advisor name

Registered type: ☐ RSP ☐ Spousal RSP ☐ LIRA ☐ LRSP ☐ RIF ☐ Spousal RIF ☐ LRIF ☐ LIF

For Locked-in plans only: Name of employer where pension originated: _____ Province of employment when you left the company pension plan: _____

Investment instructions:

No.	Investment name	Amount %	Front end %	DSC	Low load
				☐	☐
				☐	☐
				☐	☐

TOTAL 100%

C: Client direction to relinquishing institution

Relinquishing institution name

Address | City | Prov. | Postal code

Client account/Policy number | Group plan number (if applicable)

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

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

No.	Investment description	Symbol and/or certificate number or policy number	Amount	
				☐ In kind ☐ In cash
				☐ In kind ☐ In cash

For use by relinquishing institution
Delay delivery until D D M M Y Y
Delay delivery until D D M M Y Y

D: 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

E: For use by relinquishing institution only

Registered type: ☐ RSP ☐ Spousal RSP* ☐ LIRA ☐ LRSP ☐ RIF Indicate: ☐ Qualified ☐ Non-qualified ☐ Spousal* ☐ LRIF ☐ LIF

**Please complete contributor information*

☐ Contributor information | First name | Last name | Social Insurance Number

☐ Locked-in *(Locked-in confirmation attached)* | Locked-in Funds $ | Governing legislation

Contact name | Telephone number [ ] - | Fax number [ ] -

Authorized signature | Date

APTARIE(12/01)

This document is available in French. Disponible en français.