

Transfer Authorization for Registered Investments (RRSP, 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 and RIF to RIF transfers.

A: Client Identification

Account / Policyowner Last Name	Account / Policyowner First Name	Social Insurance Number
Address	City	Province
		Postal Code

B: Receiving Institution Information

General Agency / Marketing Center Name	Code	Independent Advisor Name	Code
Receiving Institution Name	Client Account / Policy Number	Group Plan Number (if applicable)	
The Maritime Life Assurance Company			
Address	City	Province	Postal Code
2701 Dutch Village Road, P.O. Box 1030	Halifax	NS	B3J 2X5
		Phone Number	Fax Number
		(902) 453-4300	(902) 453-7158

Investment Instructions – Must be completed for all funds going to Maritime Life Investment Portfolio

Registered Type: RRSP Spousal RRSP LIRA LRSP RRIF Spousal RRIF LRIF LIF

Investment Name	% / \$ Amount	Investment Name	% / \$ Amount

C: Client Direction to Relinquishing Institution (This section is continued on Page 2 of this form – if more space is required)

Relinquishing Institution Name	Client Account/Policy Number	Group Plan Number (if applicable)
Address	City	Province
		Postal Code

Transfer: (check one box only)

All in Cash* All as is (in Kind**) All assets*, but mixed in Cash and as is (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. ** In Kind Transfers apply to Maritime Life Products only.

In Kind	In Cash	Investments Amount	Symbol and/or Certificate Number or Policy Number
<input type="checkbox"/>	<input type="checkbox"/>		
Shares/Unit	Dollars	Investment Description	
<input type="checkbox"/>	<input type="checkbox"/>		

For Use By Relinquishing Institution					
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.**

 Policyowner(s) Signature Date (day/month/year) Irrevocable Beneficiary Signature (if applicable) Date (day/month/year)

E: For Use By Relinquishing Institution Only: Important – Please complete this section

Registered Type RRSP LIRA LRSP RRIF: Qualified Non-Qualified LRIF LIF

Spousal Plan: No Yes - if yes: Last Name _____ First Name _____ Social Insurance Number _____

Locked In: No Yes Locked in confirmation attached _____ Amount of Locked in Funds _____ Governing Legislation for Locked in Funds _____

\$ _____

Contact Name _____ Telephone Number _____ Fax Number _____ Authorized Signature _____ Date (day/month/year) _____

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C: Client Direction to Relinquishing Institution (Section C – Continued from Page 1)

Relinquishing Institution Name	Client Account/Policy Number	Group Plan Number (if applicable)
Address	City	Province
		Postal Code

Transfer: (check one box only)

All in Cash* **All as is (in Kind**)** **All assets***, but mixed in Cash and as is (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 on Page 1. ** In Kind Transfers apply to Maritime Life Products only.

In Kind <input type="checkbox"/>	In Cash <input type="checkbox"/>	Investments Amount	Symbol and/or Certificate Number or Policy Number
Shares/Unit <input type="checkbox"/>	Dollars <input type="checkbox"/>	Investment Description	
In Kind <input type="checkbox"/>	In Cash <input type="checkbox"/>	Investments Amount	Symbol and/or Certificate Number or Policy Number
Shares/Unit <input type="checkbox"/>	Dollars <input type="checkbox"/>	Investment Description	
In Kind <input type="checkbox"/>	In Cash <input type="checkbox"/>	Investments Amount	Symbol and/or Certificate Number or Policy Number
Shares/Unit <input type="checkbox"/>	Dollars <input type="checkbox"/>	Investment Description	
In Kind <input type="checkbox"/>	In Cash <input type="checkbox"/>	Investments Amount	Symbol and/or Certificate Number or Policy Number
Shares/Unit <input type="checkbox"/>	Dollars <input type="checkbox"/>	Investment Description	
In Kind <input type="checkbox"/>	In Cash <input type="checkbox"/>	Investments Amount	Symbol and/or Certificate Number or Policy Number
Shares/Unit <input type="checkbox"/>	Dollars <input type="checkbox"/>	Investment Description	
In Kind <input type="checkbox"/>	In Cash <input type="checkbox"/>	Investments Amount	Symbol and/or Certificate Number or Policy Number
Shares/Unit <input type="checkbox"/>	Dollars <input type="checkbox"/>	Investment Description	

For Use By Relinquishing Institution				
Delay Delivery Until				
D	D	M	M	Y

Delay Delivery Until				
D	D	M	M	Y

Delay Delivery Until				
D	D	M	M	Y

Delay Delivery Until				
D	D	M	M	Y

Delay Delivery Until				
D	D	M	M	Y

Delay Delivery Until				
D	D	M	M	Y