



Mutual Funds

Successful Investing. Worldwide.

Transfer Authorization for Registered Investments

(Spousal RSP, RSP, LIRA, LRSP, RIF, Spousal RIF, LRIF and LIF) This form can be used for RSP to RSP transfers (except for transfers due to death). 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.

A: Client Identification	Account/Policy Holder Last Name _____ First Name _____ Initial _____ Address _____ City _____ Province _____ Postal Code _____ Home Telephone Number _____ Business Telephone Number _____ Social Insurance Number _____ () ()																															
B: Receiving Institution	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>TD Mutual Funds †⊗ TD Asset Management Inc. c/o TD External Shareholder Services Canadian Pacific Tower, TD Centre 100 Wellington St. West, 24th Floor Toronto, ON, M5K 1A2 TOLL FREE: 1-800-588-8054</p> <p>Dealer Name _____ Dealer Number _____ Agent Name _____ Agent Number _____ Business Telephone Number _____ Business Fax Number _____ () ()</p> <p>INVESTMENT INSTRUCTIONS</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Fund Code</th> <th style="width:60%;">Name</th> <th style="width:25%;">% or \$*</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> </div> <div style="width: 35%; border: 1px solid black; padding: 5px;"> <p>Client Account Number _____</p> <p>Dealer Account Number _____</p> <p>Registered Type:</p> <p><input type="checkbox"/> RSP <input type="checkbox"/> RIF <input type="checkbox"/> Spousal RSP <input type="checkbox"/> Spousal RIF <input type="checkbox"/> LIRA <input type="checkbox"/> LRSP <input type="checkbox"/> LIF <input type="checkbox"/> LRIF <input type="checkbox"/> Other</p> <p>Jurisdiction: Locked-In Accounts Legislation</p> <p><input type="checkbox"/> Federal <input type="checkbox"/> Provincial</p> <p>Province: _____</p> </div> </div> <p><small>*Use dollar (\$) amount only if exact proceeds of transfer are known.</small></p>			Fund Code	Name	% or \$*																										
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C: Client Direction to Relinquishing Institution	<p>Relinquishing Institution Name _____ Group Plan Number (if applicable) _____</p> <p>Address _____ Client Account Number _____</p> <p>City _____ Province _____ Postal Code _____</p> <p>Transfer: <input type="checkbox"/> All in cash* <input type="checkbox"/> All as is (in Kind) <input type="checkbox"/> All assets*, but mixed in Cash and as is (in Kind), see list below or attached list <input type="checkbox"/> Partial* - See list below or attached list</p> <p><small>(check one box only)</small></p> <p style="text-align: right;"><small>FOR USE BY RELINQUISHING INSTITUTION</small></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;"></th> <th style="width:20%;">Investment Amount</th> <th style="width:30%;">Symbol and/or Certificate Number or Policy Number</th> <th style="width:25%;">Delay Delivery Until</th> </tr> </thead> <tbody> <tr> <td rowspan="2"><input type="checkbox"/> In Kind or <input type="checkbox"/> In Cash</td> <td rowspan="2"><input type="checkbox"/> Dollars <input type="checkbox"/> Shares/Unit</td> <td>Investment Description</td> <td> </td> <td>DD/MM/YYYY</td> </tr> <tr> <td>Investment Description</td> <td> </td> <td> </td> </tr> <tr> <td rowspan="2"><input type="checkbox"/> In Kind or <input type="checkbox"/> In Cash</td> <td rowspan="2"><input type="checkbox"/> Dollars <input type="checkbox"/> Shares/Unit</td> <td>Investment Description</td> <td> </td> <td>DD/MM/YYYY</td> </tr> <tr> <td>Investment Description</td> <td> </td> <td> </td> </tr> <tr> <td rowspan="2"><input type="checkbox"/> In Kind or <input type="checkbox"/> In Cash</td> <td rowspan="2"><input type="checkbox"/> Dollars <input type="checkbox"/> Shares/Unit</td> <td>Investment Description</td> <td> </td> <td>DD/MM/YYYY</td> </tr> <tr> <td>Investment Description</td> <td> </td> <td> </td> </tr> </tbody> </table> <p>*Please refer to statement in bold in Client Authorization section below.</p>					Investment Amount	Symbol and/or Certificate Number or Policy Number	Delay Delivery Until	<input type="checkbox"/> In Kind or <input type="checkbox"/> In Cash	<input type="checkbox"/> Dollars <input type="checkbox"/> Shares/Unit	Investment Description		DD/MM/YYYY	Investment Description			<input type="checkbox"/> In Kind or <input type="checkbox"/> In Cash	<input type="checkbox"/> Dollars <input type="checkbox"/> Shares/Unit	Investment Description		DD/MM/YYYY	Investment Description			<input type="checkbox"/> In Kind or <input type="checkbox"/> In Cash	<input type="checkbox"/> Dollars <input type="checkbox"/> Shares/Unit	Investment Description		DD/MM/YYYY	Investment Description		
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D: Client Authorization	<p>I hereby request the transfer of my account and its investments as described above.</p> <p>PLEASE CANCEL ALL OPEN ORDERS (G.T.C./SWP/ PAC, ETC.) FOR MY ACCOUNT(S) ON YOUR BOOKS.</p> <p>*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.</p> <p>Signature of Account Holder _____ Date _____</p>																															
E: For Use By Relinquishing Institution Only	<p>Registered Type: <input type="checkbox"/> RSP <input type="checkbox"/> LIRA <input type="checkbox"/> LRSP <input type="checkbox"/> RIF: <input type="checkbox"/> Qualified <input type="checkbox"/> Non Qualified <input type="checkbox"/> LRIF <input type="checkbox"/> LIF <input type="checkbox"/> Other</p> <p>Spousal Plan: <input type="checkbox"/> No <input type="checkbox"/> Yes – if yes:</p> <p>Contributor's Last Name First Name Initial Social Insurance Number _____</p> <p>Locked-In: <input type="checkbox"/> No <input type="checkbox"/> Yes – Locked-In confirmation attached Locked-In Funds \$ _____</p> <p>Contact Name _____</p> <p>Telephone Number _____ Fax Number _____ () ()</p> <p>Authorized Signature _____ Date _____</p>																															

† TD Mutual Funds are offered by TD Asset Management Inc., a wholly-owned subsidiary of The Toronto-Dominion Bank.

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