



The King's Group Retirement Savings Plan

9125 50th Street Edmonton AB T6B 2H3
(780) 465-8307 rrsp@kingsu.ca

Transfer Authorization Form

RRSP, LIRA or LRSP

This form can be used for RRSP to RRSP transfers or locked in LIRA or LRSP transfers (except 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.*

Client Identification:

Dr. Mr. Name (first, middle, last): _____
Mrs. Miss Address: _____
Ms. City: _____ Province: _____ Postal Code: _____
Home Phone: _____ Social Insurance Number: _____

Client Direction to Relinquishing Institution:

Relinquishing Institution Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Group Plan No. (if applicable): _____ Client Account No.: _____
Transfer: All in Cash Amount: \$ _____

Receiving Institution Information:

The King's Group RRSP, 9125 – 50 Street, Edmonton, AB, T6B 2H3 Telephone: (780) 465-8307 Fax: (780) 465-3534
Client Plan No.: T144-00 _____ Plan Name: **The King's Group RRSP** Specimen Plan # **145-629**
Registered Type: Individual RRSP Spousal RRSP LIRA or LRSP

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.**

Client Signature _____

Date _____

For Use by Relinquishing Institution ONLY:

Registered Type: RRSP LIRA LRSP

Spousal Plan: No Yes – if yes:

Contributor's Last Name/First Name/Initial: _____

Contributor's Social Insurance Number: _____

Locked-In: No Yes – if yes: \$ _____ in Locked-In funds (confirmation attached)

Governing Legislation: _____

Contact Name: _____

Telephone No.: () _____

Authorized Signature: _____

Fax No.: () _____

Date: _____

Amount Transferred: \$ _____