



The King's Group Tax-Free Savings Account

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

Transfer Authorization Form

This form can be used for TFSA to TFSA transfers.

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 TFSA, 9125 – 50 Street, Edmonton, AB, T6B 2H3 Telephone: (780) 465-8307 Fax: (780) 465-3534
Client Plan No.: T144-0 _____ Plan Name: **The King's Group TFSA** Specimen Plan # **01450121**
Registered Type: TFSA

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: TFSA
Contact Name: _____ Telephone No.: () _____
Authorized Signature: _____ Fax No.: () _____
Date: _____ Amount Transferred: \$ _____