

TRANSFER AUTHORIZATION FOR REGISTERED AND NON-REGISTERED INVESTMENTS



imaxx Mutual Funds™

Transfer Authorization for Registered and Non-registered Investments

1 CLIENT IDENTIFICATION

LAST NAME		FIRST NAME		INITIALS
ADDRESS		CITY	PROVINCE	POSTAL CODE
SOCIAL INSURANCE NUMBER	HOME PHONE		WORK PHONE	

2 RECEIVING INSTITUTION

FIERA CAPITAL CORPORATION C/O RBC INVESTOR & TREASURY SERVICES

155 Wellington Street West, 3rd floor Imaging Team, PO Box 7500, Station A, Toronto, Ontario M5V 3L3

T 1 866 462-9946 (toll free) F 416 955-7769 F 1 866 716-2977 (toll free)

DEALER NAME		DEALER CODE	
INVESTMENT PROFESSIONAL'S NAME		REP CODE	

REGISTRATION TYPE: RSP LIRA/LRSP LIF RLSP TFSA
 Spousal RSP RIF PRIF RLIF Non-registered

ACCOUNT NUMBER	SPECIMEN PLAN NUMBER
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INVESTMENT INSTRUCTIONS:

Fund name	Fund code	Investment		Sales charge %
		\$	or %	(Initial sales charge only)
Total investment amount		\$		

LOCKED-IN FUNDS CONFIRMATION:

FIERA CAPITAL CORPORATION AS AGENT FOR THE ROYAL TRUST COMPANY

agrees to administer any locked-in funds transferred under this transfer authorization according to the governing pension legislation indicated in Section 5 below.

3 CLIENT'S DIRECTION TO RELINQUISHING INSTITUTION

RELINQUISHING INSTITUTION'S NAME

ADDRESS

CITY

PROVINCE

POSTAL CODE

INVESTOR ACCOUNT NUMBER

GROUP PLAN NUMBER (IF APPLICABLE)

TRANSFERS: All in cash* All in kind All assets*, but mixed in cash and in kind Partial* – as listed below or on attached list

For use by relinquishing institution

FUND CODE	INVESTMENT NAME	ACCOUNT NUMBER	AMOUNT	All in cash	All in kind	DELAY DELIVERY UNTIL (DD/MM/YY)
FUND CODE	INVESTMENT NAME	ACCOUNT NUMBER	AMOUNT	All in cash	All in kind	DELAY DELIVERY UNTIL (DD/MM/YY)
FUND CODE	INVESTMENT NAME	ACCOUNT NUMBER	AMOUNT	All in cash	All in kind	DELAY DELIVERY UNTIL (DD/MM/YY)

4 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, taxes, charges or adjustments.

CLIENT SIGNATURE

SIGNED ON (YYYY/MM/DD)

5 FOR USE BY RELINQUISHING INSTITUTION ONLY

REGISTRATION TYPE: RSP LRSP Non Qualified RIF LIF RLIF Non-registered
LIRA Qualified RIF New Ontario LIF RLSP TFSA

YEAR-TO-DATE INVESTMENT RETURN (Required when the governing legislation is either Ontario or Alberta)

SPOUSAL RSP: No Yes – if yes, complete:

LAST NAME

FIRST NAME

INITIALS

SOCIAL INSURANCE NUMBER

LOCKED-IN: No Yes – if yes, attach locked-in confirmation

AMOUNT

JURISDICTION GOVERNING FUNDS

CONTACT NAME

TELEPHONE NUMBER

FAX NUMBER

AUTHORIZATION SIGNATURE

SIGNED ON (YYYY/MM/DD)

Dealer Services

Head Office

FIERA CAPITAL CORPORATION

1981 McGill College Avenue
Suite 1500
Montreal, Quebec H3A 0H5

T 1 866 323-5598 (toll free)

Return Form via mail or fax to:

FIERA CAPITAL CORPORATION C/O RBC INVESTOR & TREASURY SERVICES

155 Wellington Street West
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PO Box 7500, Station A
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