B2B BANK
DEALER SERVICES

# Transfer Authorization for Non-Registered Investments

- This form can be used to transfer non-registered accounts from external financial institutions.
- Data entered on this form may be scanned and stored electronically.
- Please print neatly to ensure completeness, accuracy and machine-readability.

## A: Client Identification

| Account/Policy Holder Last Name | First Name | Initial(s) |
|---|---|---|
| Joint Account Holder Last Name (if applicable) | First Name | Initial(s) |

Address

| City | Province | Postal Code |
|---|---|---|

| Social Insurance Number | Residence Telephone | Business Telephone |
|---|---|---|
| | ( ) | ( ) |

## B: Receiving Institution Information

Receiving Institution Name ☐ B2B Bank Financial Services Inc. (CIRO) ☐ B2B Bank Intermediary Services Inc. (AMF) ☐ B2B Bank Securities Services Inc. (CIRO)

Contact Name: **CLIENT SERVICES**

Address: **199 BAY STREET, SUITE 610 PO BOX 35 STN COMMERCE COURT**

Telephone Number: **( 416 ) 964-0028**

| City | Province | Postal Code | Fax Number |
|---|---|---|---|
| **TORONTO** | **ON** | **M5L 0A3** | **( 416 ) 979-0638** |

Client Account/Policy Number

**FOR BBS DELIVERIES ONLY USE FINS #T080**

For use by Dealers only

| Dealer Name | | Dealer Number | Dealer Account Number |
|---|---|---|---|
| Advisor Name | Advisor # | Business Telephone Number ( ) | Business Fax Number ( ) |

**Account Type (Check one only)**

☐ Individual
☐ Joint Rights of Survivorship
☐ Tenants In Common (TIC)
☐ In Trust For
☐ Estate
☐ Corporation
☐ Unincorporated Organization
☐ Formal Trust
☐ Other (e.g. RSP) _____

## C: Client Direction to Relinquishing Institution

Relinquishing Institution Name

| Address | Client Account/Policy Number |
|---|---|

| City | Province | Postal Code |
|---|---|---|

**Transfer:** (check one box only for asset transfer instructions)

☐ All in kind (as is) ☐ All in cash* ☐ All assets*, but mixed in cash and in kind; see list below or attached list ☐ Partial*; see list below or attached list

**Please refer to statement in bold in Client Authorization section below.*

| | Investment Amount | Symbol and/or Certificate Number or Policy Number | Investment Description |
|---|---|---|---|
| ☐ In Kind ☐ In Cash ☐ Shares/Units ☐ Dollars | | | |
| ☐ In Kind ☐ In Cash ☐ Shares/Units ☐ Dollars | | | |
| ☐ In Kind ☐ In Cash ☐ Shares/Units ☐ Dollars | | | |
| ☐ In Kind ☐ In Cash ☐ Shares/Units ☐ Dollars | | | |

## 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.**

X _____ AUTHORIZED CLIENT SIGNATURE (MANDATORY) _____ DATE (mm/dd/yyyy)

X _____ AUTHORIZED CLIENT SIGNATURE (MANDATORY) _____ DATE (mm/dd/yyyy)

_____ ADVISOR NAME _____ ADVISOR #

X _____ ADVISOR SIGNATURE _____ DATE (mm/dd/yyyy)

_____ DEALER NAME _____ DEALER #

X _____ DEALER SIGNATURE / / DATE (mm/dd/yyyy)

## FORWARD TO B2B BANK DEALER SERVICES FOR PROCESSING