



**CLIENT INFORMATION**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone Number (Home): \_\_\_\_\_ Telephone Number (Cell): \_\_\_\_\_ Email: \_\_\_\_\_  
 Social Insurance Number: \_\_\_\_\_

**RECEIVING INSTITUTION INFORMATION**

**Western Pacific Trust Company ("WPTC")**  
 920-789 West Pender Street, Vancouver, BC V6C 1H2  
 Telephone: 604-683-0455 Fax: 604-669-6978  
 Email: self-administered@westernpacifictrust.com

Client Plan Number at WPTC: \_\_\_\_\_

Contact at WPTC: \_\_\_\_\_

**PLAN TYPE (select only one)**

☐ RRSP ☐ SPOUSAL RRSP ☐ RRIF ☐ SPOUSAL RRIF ☐ TFSA  
☐ LIRA ☐ LIF ☐ LRIF ☐ RLIF ☐ LRSP

**RELINQUISHING INSTITUTION INFORMATION**

Relinquishing Institution Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Client Account/ Plan / Policy Number: \_\_\_\_\_  
*Providing a recent statement from the relinquishing institution, may help eliminate any transfer delays.*

**TRANSFER INSTRUCTIONS**

Transfer the following (choose **one** – for a description of each option, please read details on "Information Sheet")

1. ☐ **Full Account** In-Cash - Liquidate all securities and transfer cash balance.
2. ☐ **Full Account** In-Kind - Transfer all securities and cash held inside account as-is. (SEE NOTE BELOW)
3. ☐ **Partial Account** In-Cash (choose **one** of "a", "b" or "c"):  
 a) ☐ Transfer the full available cash balance  
 b) ☐ Transfer \$ \_\_\_\_\_ (NET)  
 c) ☐ Liquidate the following securities into cash and transfer the cash:  
 Investment Description \_\_\_\_\_ \$ \_\_\_\_\_ or ☐ ALL  
 Investment Description \_\_\_\_\_ \$ \_\_\_\_\_ or ☐ ALL  
 Investment Description \_\_\_\_\_ \$ \_\_\_\_\_ or ☐ ALL
4. ☐ **Partial Account** In-Kind: Transfer the securities listed in account as-is (SEE NOTE BELOW)  
 \_\_\_\_\_ (List security(ies))

Note: 1) WPTC must review/approve all securities that are being transferred in-kind, please contact our office for an unmodified transfer form)  
 2) All cash transfers are CAD Dollars unless pre-approved by WPTC.

## CLIENT AUTHORIZATION

1. I hereby authorize the transfer of my investment(s) as described above.
2. I understand that it is my sole responsibility to ensure this form has been completed accurately and in full. Any omissions or errors may result in delays due to the rejection of the transfer by the relinquishing institution.
3. Where I have requested to transfer in cash, I authorize the liquidation of all or part of my investments and agree to pay any applicable fees, charges or adjustments.
4. I authorize, the relinquishing institution, to release information regarding this transfer to Western Pacific Trust Company \_\_\_\_\_ (initial)

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

## FOR USE BY RELINQUISHING INSTITUTION

We have transferred, as directed above in "Transfer Instructions", the assets from the plan type:

- |                                 |  |                                 |  |                                 |
|---------------------------------|--|---------------------------------|--|---------------------------------|
| <input type="checkbox"/> RRSP   | <input type="checkbox"/> SPOUSAL RRSP* | <input type="checkbox"/> RRIF   | <input type="checkbox"/> SPOUSAL RRIF* | <input type="checkbox"/> TFSA   |
| <input type="checkbox"/> LIRA** | <input type="checkbox"/> LIF**         | <input type="checkbox"/> LRIF** | <input type="checkbox"/> RLIF**        | <input type="checkbox"/> LRSP** |

\* **Spousal Account**, please complete the below section of the Spouse or Common-Law Partner:

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

\*\* **Locked-In Funds:**

Amount: \$ \_\_\_\_\_ Governing Legislation: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Amount Transferred: \$ \_\_\_\_\_

Privacy Notice: In providing services to you, we receive non-public, personal information about you. We receive this information through the transactions we perform for you and may also receive information about you by virtue of your transactions with our affiliates and other parties. We will hold your personal information in accordance with our Privacy Policy, a copy of which may be found on our website at [www.westernpacifictrust.com](http://www.westernpacifictrust.com)

**Western Pacific Trust Company ("WPTC")  
Transfer Authorization Form ("Transfer Form")  
Information Sheet**

The Transfer Authorization Form is completed to transfer funds inside a Registered Plan and/or TFSA from another financial institution to the same plan type at WPTC.

Transfers completed through this form are not processed as a withdrawal and/or deregistration.

A Transfer Form cannot be completed for multiple plan types.

If there are numerous plan numbers at the relinquishing institution, please complete a Transfer Form for each plan number.

To eliminate any delays, please ensure all your information at the relinquishing institution matches the details on the Transfer Form.

Example: surname, current address, etc.

If you are unsure of any information (account number, investment description), please contact the relinquishing institution or provide WPTC with a recent statement from the relinquishing institution.

Client Information:

To be completed with your details  
(Surname, First Name, Address, Telephone #, Email, Social Insurance Number).

Receiving Institution Information:

WPTC will complete your "Client Plan Number at WPTC" and "Contact at WPTC" prior to submitting your transfer form to relinquishing institution.

Plan Type:

Check the applicable box of the plan type at the relinquishing institution.  
The plan type at the relinquishing institution and the plan type at WPTC must be the same.

Relinquishing Institution Information:

Complete the details of your plan at the institution that the funds are being transferred from.  
(Name of Institution, Address – if available, Account / Plan Number).

Transfer Instructions:

Choose only one option:

1. Full Account In-Cash: the relinquishing institution will liquidate all securities held inside your plan and transfer the cash balance to your plan at WPTC.
2. Full Account In-Kind: the relinquishing institution will transfer all securities and cash held inside your account at their institution "as-is" to WPTC. Note: WPTC must review/ approve all securities that are being transferred in-kind to plans at our institution, please contact WPTC for an unmodified Transfer Form.
3. Partial Account In-Cash: check this box and one of the "a", "b" or "c" options, if a partial cash is being requested from the relinquishing institution.
  - a) Transfer the full cash balance – check this box if your plan has a cash balance and the full available cash balance is to be transferred to WPTC, check this box.
  - b) Transfer \$\_\_\_\_ (NET) – check this box if a specific available cash balance is to be transferred to your plan at WPTC. The cash balance should be available inside your plan at the relinquishing institution.
  - c) Liquidate the following securities into cash and transfer the cash – check this box and complete with your instructions to the relinquishing institution.
4. Partial Account In-Kind: the relinquishing institution will transfer the listed securities held in your account at their institution "as-is" to WPTC. Note: WPTC must review/approve all securities that are being transferred in-kind to plans at our institution, please contact WPTC for an unmodified Transfer Form.

Client Authorization:

Read the four points and if you agree, sign and date the form.

WPTC requires the originally completed and signed Transfer Forms or electronically signed through "DocuSign" or "HelloSign" only (the summary of the electronic signature is required). The relinquishing institution may request an originally signed form.

If WPTC's Plan Administration team can provide any assistance, please send emails to: self-administered@westernpacifictrust.com