



I.A. MICHAEL INVESTMENT COUNSEL LTD.

Phone: 416-365-9696 / 888-673-6222
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TRANSFER AUTHORIZATION for REGISTERED INVESTMENTS and TFSA's

Complete this form to transfer an existing account or funds into a new or existing account at RBC Dexia (c/o I.A. Michael Investment Counsel Ltd.). We require one form for each account you are looking to transfer. Client must complete areas A-E. If this is a new holding, please ensure an Offering Memorandum is included.

Mail completed form to: ABC Funds
8 King Street East, Suite 700,
Toronto, Ontario M5C 1B5

Area A: Accountholder Information

Salutation	First Name	Last Name
Address		Social Insurance #
		Date of Birth (mm/dd/yy) / /
		Home Phone # () -
City, Province	Office Phone # () - X	
Postal Code, Country		

Area B: Relinquishing Institution (please attach a photocopy of your last statement for this account)

Name of Institution	Account Number
Transfer Department Mailing Address: This may be different than the address on your statement	
City, Province, Postal Code	

Area C: Transfer Instructions

Please indicate what you would like to transfer from this account. Check ONE box that represents your request:

All assets in the account, transferred IN CASH

Partial transfer IN CASH (specify investments in table to the right)

Only transfer ABC Fund assets IN KIND

For partial transfers only, please provide the details of what you wish to transfer. If you require more room, attach a list.

Name of Investment	Amount
	\$
	\$

Area D: Transfer to RBC Dexia c/o I.A. Michael Investment Counsel, 8 King St. E., Suite 700, Toronto, ON, M5C 1B5

If proceeds of transfer go into NEW RBC Dexia Account: <input type="checkbox"/> RRSP Application Complete the application for the type of account you are opening: or <input type="checkbox"/> RRIF Application or <input type="checkbox"/> TFSA Application	If proceeds of transfer go into EXISTING RBC Dexia Account: Select destination fund: <input type="checkbox"/> FMF <input type="checkbox"/> FVF <input type="checkbox"/> AVF <input type="checkbox"/> NADVF <input type="checkbox"/> DCSF Account Number:
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Area E: Client Authorization

I hereby request the transfer of my account and its investments as described above. Please cancel all open orders (G.T.C./SWF/PAC, etc) for my account(s) on your books. Where I have selected a Transfer IN CASH, I authorize the liquidation of all or part of my investments. I agree to pay any applicable fees, charges or adjustments. These instructions are given subject to the receiving institution's approval of my account(s).

Signature of Account Holder: _____ Date (mm/dd/yy): / /

Area F: For Use by Relinquishing Institution Only

Amount transferred: \$ _____ Registered Type:

RSP LRSP LIRA Qualified RIF TFSA
 RIF LIF PRIF Non-Qualified RIF

Is this account a Spousal/Common-Law partner Plan? ? No ? Yes if yes, please complete the following information:

Name of contributor: _____ S.I.N. _____

Locked-In funds: ? No ? Yes: If yes, amount \$ _____ in locked-in funds. Governing legislation: _____ Confirmation attached

Contact Name: _____ Tel: _____ Authorized Signature: _____
 Fax: _____