

Account Transfer Form

(Non-Registered Accounts)

Date		Client Last Name			Client First Name		
Address					Home Phone # () -		
City	Prov	Postal Code	Social Insurance # 		Business Phone # () -		

I hereby authorize that the account(s) you hold on my behalf to be transferred to ABC Funds (ABC) and that ABC accept said account(s). These instructions are subject to the acceptance of said account(s) by ABC.

Please transfer: Total or Partial and In Cash or In Kind **

Notes: _____

Account # at delivering institution (attach the account statement)	Destination Account Number at ABC (if account exists, or write 'NEW' for new accounts)	Currency*
1		
2		
3		
4		
5		

In the event that, for any reason, any of the securities held in my account cannot be delivered to ABC in accordance with the related instructions, I request that you contact me in writing immediately, indicating the security in question and the reason for which it cannot be delivered.

I have also requested ABC to act on my behalf to settle any incidental account differences or adjustments which may arise with you as a result of this account transfer request.

Date Signature of Client Signature of Witness

DELIVERING INSTITUTION INFORMATION (Client Must Complete This Area)	Institution Name: _____
	Address: _____
	City: _____
	Name of Contact: _____
	Telephone # of Contact: _____

RECEIVING INSTITUTION INFORMATION	RBC Dexia c/o ABC Funds 8 King St. E., Suite 700, Toronto, ON, M5C 1B5	Ph: (416)365-9696 Fax: (416)365-9705
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* Any cash that comes in a currency other than Canadian Funds will be converted at a rate prescribed by ABC's back office - RBC Dexia

** ABC can only accept In Kind transfers that consist of units of any of the ABC Funds family of funds, all others will be rejected