



Registered Investments Transfer Form

(Retirement Savings Plan, Retirement Income Fund, Life Income Fund or Locked-In Retirement Income Fund)

Arrow Capital Management Inc.
36 Toronto Street Suite 750
Toronto, ON M5C 2C5

Tel: 416.323.0477
Toll Free: 877.327.6048
Fax: 416.323.3199
Toll Free Fax: 877.306.2020

Locked-in plans are not available for the provinces of Quebec, Nova Scotia, and New Brunswick

1. NAME OF ACCOUNT HOLDER

Name (first, middle initial, last)		Date of Birth (yyy/mm/dd)	Social Insurance Number	
Mailing address (number, street, apartment or suite number)			City or Town	
Province	Postal Code	Email address	Work Telephone Number	Home Telephone Number

2. TRANSFER FROM (SOURCE OF FUNDS)

Name of Relinquishing institution _____

Mailing address (number, street, apartment or suite number) _____

City or Town _____ Province _____ Postal Code _____ Account Number _____

Type of transfer (please choose one)

Please read *In Cash versus In Kind* under *The Transfer Process*:

- All account assets (in cash)* (*your entire account will be liquidated*)
- Partial withdrawal of account assets (in cash)*
- All Arrow funds only (in kind)
- All Arrow funds (in kind), and other account assets (in cash)*

*If transferring cash, please specify transfer date:

Immediately _____

At maturity date (please specify) _____ Maturity date (yyy/mm/dd) _____

Source of funds. Please indicate the amount you would like to transfer from the above account, and from which investments you would like the assets taken. Please attach a copy of your most recent account statement to this form.

Transfer from (name investment(s)):	Amount of Percentage of Investment	
1.	\$	%
2.	\$	%
3.	\$	%
Total		

3. TRANSFER TO (DESTINATION OF FUNDS)

ARROW CAPITAL MANAGEMENT INC. 36 TORONTO STREET, SUITE 750, TORONTO ON, M5C 2C5 416.323.0477

Destination of account information

Account type:

RSP LRSP LIRA TFSA RLIF RLSP
RIF LRIF LIF

Is this a Spousal account?

Yes No

This account is:

Arrow Account Number _____

An existing Arrow Capital account
For a new account a registered account application form must be completed and attached to this transfer form).

Destination of funds. Please indicate the investment fund(s) you wish to invest in.

Transfer to (name investment fund(s)):	Percentage of Investment
1.	%
2.	%
3.	%
4.	%
5.	%
Total	100%

4. SIGNATURE

By signing here, you request the transfer of your investments as described above. If you have asked for a cash transfer, you understand that all or part of your investments will be liquidated and you agree to pay any fees or charges that may apply.

Signature of account holder _____ Date (yyyy/mm/dd) _____

FOR USE BY RELINQUISHING INSTITUTION ONLY

Registered account type:	RSP LRSP LIRA	RLIF RLSP TFSA	Non-qualified RIF	Qualified RIF	LRIF	LIF	Amount being transferred \$ _____
Has this account ever received Spousal Contributions?	Yes No	(If yes, please complete the information below)					
Name of contributing spouse (if applicable)						Social Insurance Number	
Are these funds locked-in?	Yes (locked-in confirmation attached) No	Amount of locked-in funds	Governing legislation				
If RIF, LRIF, LIF or RLIF property is being transferred to another RIF, LRIF, LIF or RLIF you have paid the annuitant the minimum amount for the year.							
Contact name at relinquishing institution	Telephone Number			Fax Number			
Authorized Signature	Date						