



MD Management
Limited

Transfer Authorization for Registered Investments

1. Client Information

Account Name	
Address	
Phone	Social Insurance Number

2. Delivering Institution Information

Institution Name	
Address	
Phone	Contact

3. Receiving Institution

Fidelity Clearing Canada (Fidelity) ULC
483 Bay Street, Suite 200, South Tower
Toronto, Ontario M5G 2N7
Fax: 416-217-7440 • Email: acctransfer.fcc@fidelity.ca

CUID	DTC	Dealer Number	RR Code
F I D C	5 0 4 0		

Registered Type:

- | | | | | |
|-------------------------------|-------------------------------|-------------------------------|--|---|
| <input type="checkbox"/> RRSP | <input type="checkbox"/> LRSP | <input type="checkbox"/> RRIF | <input type="checkbox"/> (Qualified) | <input type="checkbox"/> (Non-qualified) |
| <input type="checkbox"/> PRIF | <input type="checkbox"/> RLSP | <input type="checkbox"/> LIF | <input type="checkbox"/> (Federal LIF) | <input type="checkbox"/> (Old LIF) <input type="checkbox"/> (New LIF) |
| <input type="checkbox"/> LIRA | <input type="checkbox"/> TFSA | <input type="checkbox"/> FHSA | | |
| <input type="checkbox"/> RLIF | <input type="checkbox"/> LRIF | | | |

Spousal Plan:

- ☐ No ☐ Yes If Yes:

Last Name	First Name	Initial(s)
Social Insurance Number		

This is my authorization to you to deliver to the Receiving Institution the account(s) you are carrying for me and to the Receiving Institution to receive this account(s). This includes all securities long and short and debit or credit balance. Delivery is to be made by the Receiving Institution of all securities short against payment. These instructions are given subject to the Receiving Institution's approval of my account(s).

4. Transfer Instructions

1	Currency <input type="checkbox"/> CAD <input type="checkbox"/> USD	Delivering Institution Account Number	Receiving Institution Account Number	
	<input type="checkbox"/> All In Kind <input type="checkbox"/> All In Cash <input type="checkbox"/> Partial <input type="checkbox"/> All assets mixed In Cash and In Kind (as listed below or attached list)			
2	Currency <input type="checkbox"/> CAD <input type="checkbox"/> USD	Delivering Institution Account Number	Receiving Institution Account Number	
	<input type="checkbox"/> All In Kind <input type="checkbox"/> All In Cash <input type="checkbox"/> Partial <input type="checkbox"/> All assets mixed In Cash and In Kind (as listed below or attached list)			
1	<input type="checkbox"/> In Kind <input type="checkbox"/> In Cash	Security Name and Symbol	Dollar Amount	Number of Shares or "All"
2	<input type="checkbox"/> In Kind <input type="checkbox"/> In Cash	Security Name and Symbol	Dollar Amount	Number of Shares or "All"

Check one.
If selecting Partial
or Mixed, provide
the security name
and transfer
instructions below.

4. Transfer Instructions

3

- ☐ In Kind
☐ In Cash

Security Name and Symbol	Dollar Amount	Number of Shares or "All"

5. Locked-In Confirmation

Fidelity, as agents for Computershare Trust Company of Canada, acknowledge that all locked-in funds from the registered plan noted in the Client Direction to the Relinquishing Institution section below will be transferred to the registered plan type noted and will continue to be administered in accordance with the governing pension legislation or contractual conditional of _____ (Province or Territory; if applicable, ☐ old ☐ new). Any subsequent transfer of these locked-in funds to another trustee or financial institutional will be made only to another registered plan, which must continue to be administered in accordance with legislation of the jurisdiction noted above. No transfer of locked-in funds will be permitted unless the receiving plan is appropriately registered and in compliance with the applicable pension legislation, regulations and the Income Tax Act (Canada) and appears on the Superintendent's List of Financial Institutions authorized to administer funds in the jurisdiction noted above (if applicable).

Name First, M.I., Last	
Authorized Signature	Date MM - DD - YYYY
SIGN ▶	▶

6. For Use by Relinquishing Institution Only

Registered Type:

- ☐ RRSP ☐ LRSP ☐ RRIF ☐ (Qualified) ☐ (Non-qualified)
☐ PRIF ☐ RLSP ☐ LIF ☐ (Federal LIF) ☐ (Old LIF) ☐ (New LIF)
☐ LIRA ☐ TFSA ☐ FHSA
☐ RLIF ☐ LRIF

Spousal Plan:

- ☐ No ☐ Yes If Yes:

Last Name	First Name	Initial(s)
<div> <div>Social Insurance Number</div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> </div>		

- Current year's investment earnings to date: \$_____.

Check if applicable. ☐ Spouse waiver/consent form attached.

Locked-In:

- ☐ No
☐ Yes If Yes, locked-in confirmation attached.

Locked-in Funds	Governing Legislation
\$	
Contact Name	
Phone	Fax

6. For Use by Relinquishing Institution Only

Authorized Signature	Date MM - DD - YYYY
<div>SIGN</div>	

7. Signatures and Dates *Form cannot be processed without signatures and dates.*

By signing below, you:

- Acknowledge that if any fees are charged, the Receiving Institution may deduct the fees from any credit balance or amount that is being transferred.
 - Authorize the Delivering Institution to cancel all open orders or standing orders as well as existing recurring payments for the account being transferred.
 - By requesting any transfer in cash, you authorize the liquidation of all or part of your investments as indicated on this form.
- For locked-in plans*
- As the spouse, consent to the transfer of the account and have signed this form.

Print Account Holder Name <i>First, M.I., Last</i>	
Annuitant/Account Holder Signature	Date MM - DD - YYYY
<div>SIGN</div>	
Print Irrevocable Beneficiary/Former Spouse Name <i>First, M.I., Last if applicable</i>	
Irrevocable Beneficiary/Former Spouse Signature <i>if applicable</i>	Date MM - DD - YYYY
<div>SIGN</div>	