

PART 1 – CLIENT IDENTIFICATION

Account/policyholder last name		First name & initial(s)	
Address			Postal code
Social Insurance Number	Home telephone number () -	Alternate telephone number () -	

PART 2 – RECEIVING INSTITUTION INFORMATION

Receiving institution LONDON LIFE INSURANCE COMPANY	Address (to confirm, contact <i>Access Line</i> at 1-800-724-3402 Monday to Friday 8 a.m. to 8 p.m. ET) Attn: Great-West Life, Group Retirement Services 330 University Avenue, Toronto, ON M5G 1R8		
Name of employer/plan sponsor ENGINEERS CANADA	Policy/plan number 35408	Plan type <input checked="" type="checkbox"/> TFSA	

Services for this plan are provided by The Great-West Life Assurance Company (Great-West). The plan is issued by London Life Insurance Company, a subsidiary of Great-West.

PART 3 – CLIENT DIRECTION TO RELINQUISHING INSTITUTION

Relinquishing institution name	
Address	
Postal code	
Client TFSA account/policy number	Transfer <u>cash</u> value of (check one box only) <input type="checkbox"/> Full account/policy <input type="checkbox"/> Partial account/policy as indicated below or on attached list

* Please refer to bold statement in Client authorization section below		For use by relinquishing institution
Investment amount (\$)	Symbol and/or certificate/policy number	Delay transfer until (mm dd yyyy)
Investment description		
Investment amount (\$)	Symbol and/or certificate/policy number	Delay transfer until (mm dd yyyy)
Investment description		

PART 4 – CLIENT AUTHORIZATION

I hereby request the transfer of my TFSA and its investments as described above.
I have requested a transfer in cash. I authorize the liquidation of all or part of my investments and I agree to pay any applicable fees, charges or adjustments.

X	Signature of account/policyholder	Date
X	Signature of preferred or irrevocable beneficiary (if applicable)	Date

PART 5 – ACCEPTANCE BY RECEIVING INSTITUTION

The receiving institution named above accepts the above request for transfer and, when the funds and an application for membership in the plan are received, will credit the annuitant or member under the plan or account number indicated.

Date	Authorized signature <i>Diana Tremblay</i>	VP, GRS Administration Position or office
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PART 6 – FOR USE BY RELINQUISHING INSTITUTION ONLY

Original owner of the funds <input type="checkbox"/> Yes <input type="checkbox"/> No (no means funds originate from a former or deceased spouse/common-law partner)		
Contact name	Telephone ()	
Authorized signature	Position	Date