



TRANSFER AUTHORIZATION FOR REGISTERED INVESTMENTS (RSP, RIF, TFSA)  
 EdgePoint Wealth Management Inc.  
 c/o Citigroup Fund Services Canada Ltd.  
 2920 Matheson Blvd East, Mississauga, Ontario L4W 5J4  
 Client Services: 905.214.8288 Or 1.866.818.8877  
 Fax: 905.214.8100 or 1.866.877.9477  
 www.edgepointwealth.com

This form can be used for RSP to RSP transfers (except for transfers due to death), RSP to RIF transfers, RIF to RIF transfers, and TFSA to TFSA transfers.

Please note: The data entered on this form may be scanned and stored electronically. Please print neatly in the spaces provided to ensure completeness, accuracy and machine readability.

**1. Annuitant Information**       Mr.    Mrs.    Ms.    Dr.      Preferred language of correspondence    English or    French

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial(s) \_\_\_\_\_

Address \_\_\_\_\_ Social Insurance Number (Mandatory) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Business Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

**2. Receiving Institution Information**      For new accounts, please attach completed EdgePoint Account Application

EdgePoint Wealth Management Inc.      EdgePoint Account Number \_\_\_\_\_  
 c/o Citigroup Fund Services Canada Ltd.  
 2920 Matheson Blvd East  
 Mississauga, Ontario L4W 5J4

Registered Plan Type       RRSP    Spousal RRSP    RRIF    Spousal RRIF    TFSA

Dealer Name \_\_\_\_\_ Dealer Number \_\_\_\_\_ Financial Advisor Signature \_\_\_\_\_

Financial Advisor Name \_\_\_\_\_ Rep code \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Investment Instruction**

Portfolio Name	Fund Number	Amount (\$)	Amount (%)	SC %	LL
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
Special Instructions:					<input type="checkbox"/>

**3. Client Direction to Relinquishing Institution**

Relinquishing Institution Name \_\_\_\_\_

Address \_\_\_\_\_ Client Account Number \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Transfer (check one box only)    All in cash\*       All assets\*, but mixed in Cash and in Kind (for units of EdgePoint Portfolio funds only). See list below or attached list.  
 All in Kind (for units of EdgePoint Portfolio only)       Partial\* as listed below or on attached list.  
 \*Please refer to statement in bold in Client Authorization section below

In Kind	In Cash	Investment Amount	Account Number or Policy Number
<input type="checkbox"/>	<input type="checkbox"/>		
		Investment Description	
<input type="checkbox"/>	<input type="checkbox"/>		
		Investment Description	
<input type="checkbox"/>	<input type="checkbox"/>		
		Investment Description	

**FOR USE BY  
RELINQUISHING INSTITUTION**

Delay Delivery Until  
DD/MM/YYYY

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**4. Client Authorization**

I hereby request the transfer of my account and its investments as described above. I acknowledge that all investments in my EdgePoint RSP, or RIF or TFSA must be made through a registered Dealer and that the Dealer noted above is acting as my agent in this regard.  
 \*WHERE I HAVE REQUESTED A TRANSFER IN CASH, I AUTHORIZE THE LIQUIDATION OF ALL OR PART OF MY INVESTMENTS AND AGREE TO PAY ANY APPLICABLE FEES, CHARGES OR ADJUSTMENTS.  
 Irrevocable Beneficiary: I consent to the transfer of the account

Signature of Annuitant \_\_\_\_\_ Date \_\_\_\_\_      Signature of Irrevocable Beneficiary (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

**5. For Use By Relinquishing Institution Only**

Registered Plan:    RRSP    RRIF    Qualified    Non Qualified      Spousal Plan    No    Yes - if yes, complete Contributor information    TFSA

Contributor Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Insurance Number \_\_\_\_\_

Contact Name \_\_\_\_\_ Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_



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EdgePoint Portfolios: Quick Reference  
FUNDSERV MANAGEMENT COMPANY CODE: EDG

EDGEPOINT PORTFOLIOS	SERIES	FUND NUMBER (C\$)	Non-HST		SALES CHARGE OPTION
			SERIES	FUND NUMBER (C\$)	
EdgePoint Global Portfolio	A	100	A (N)	1001	FE*
	B	300	B (N)	3001	LL**
	F	500	F (N)	5001	-
EdgePoint Global Growth & Income Portfolio	A	180	A (N)	1801	FE
	B	380	B (N)	3801	LL
	F	580	F (N)	5801	-
EdgePoint Canadian Portfolio	A	108	A (N)	1081	FE
	B	308	B (N)	3081	LL
	F	508	F (N)	5081	-
EdgePoint Canadian Growth & Income Portfolio	A	188	A (N)	1881	FE
	B	388	B (N)	3881	LL
	F	588	F (N)	5881	-

The non-HST series is available only to investors residing in non-HST participating provinces and territories.

\*Front End Sales Charge

\*\*Low Load

**CONTACT US**

**Head Office**

EdgePoint Wealth  
Management Inc.  
1000 Yonge Street, Suite 200  
Toronto, Ontario M4W 2K2  
www.edgepointwealth.com  
416.963.9353 or  
1.866.757.7207  
Fax: 416.963.5060 or  
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**Transfer Agency**

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