

**Investor Information**

|                                    |                 |                         |        |
|------------------------------------|-----------------|-------------------------|--------|
| Investor Name (please print)       |                 | Social Insurance Number |        |
| Joint Investor Name (please print) |                 | Social Insurance Number |        |
| Address                            | City            | Province                | Postal |
| Home Phone                         | Alternate Phone | Email Address           |        |

**Receiving Institution Information**

**Account Type** (select one):

|                |  |                                 |  |
|----------------|--|---------------------------------|--|
| Account Number | <b>RSP (Specimen Plan Number: 145-722)</b>   |                                 |  |
|                | RRSP   | Spousal/Common-Law Partner RRSP |  |
|                | <b>TFSA (Specimen Plan Number 0145-0055)</b> | <b>Non-Registered</b>           |  |
|                | TFSA   | Non-Registered                  |  |

**Head Office**

**Alterna Bank 319 McRae Avenue, 2nd Floor, Ottawa, ON K1Z 0B9**  
**Attention: Alterna Bank Online Branch**

*Please make cheques payable to CS Alterna Bank*

**Investor Direction to Relinquishing Institution** *(Please attach a copy of the most recent Investor Statement)*

|                                |   |                   |   |
|--------------------------------|---|-------------------|---|
| Relinquishing Institution Name | Account Number  | Group Plan Number |   |
| Address                        | City  | Province          | Postal  |
| <b>Transfer</b> (select one):  | All in kind (as is)                                       | All in cash*      | All Assets – mix in kind & in cash* (List Attached) |
|                                | <b>Partial* - Cash amount: \$_____ (or List Attached)</b> |                   |   |

**Investor Authorization**

\* Where I have requested a Transfer in Cash, I authorize the liquidation of all or part of my investments. I agree to pay any applicable fees, charges, or adjustments.

*I hereby request the transfer of my account and its investments as described above.*

|                    |                          |                    |
|--------------------|--------------------------|--------------------|
| <b>X</b> _____     | <b>X</b> _____           | _____              |
| Investor Signature | Joint Investor Signature | Date: (dd/mm/yyyy) |

**For Use by Relinquishing Institution Only**

We have transferred \$ \_\_\_\_\_

|   |      |      |  |
|---|------|------|--|
| Account Type                              | RRSP | TFSA | Non-Registered                         |
| Spousal/Common-Law Partner Contributions? | Yes  | No   | If yes, please complete the following: |

|                                    |                         |
|------------------------------------|-------------------------|
| Spousal or Common-Law Partner Name | Social Insurance Number |
|------------------------------------|-------------------------|

|                 |                      |                   |       |
|-----------------|----------------------|-------------------|-------|
| Authorized Name | Authorized Signature | Date (dd/mm/yyyy) | Phone |
|-----------------|----------------------|-------------------|-------|

**Instructions – Send to Alterna Bank at the address below for processing CS Alterna Bank (“Alterna Bank”) •**

[www.alternabank.ca](http://www.alternabank.ca)

319 McRae Avenue, 2nd Floor, Ottawa, ON K1Z 0B9 | Tel: 1.866.560.0120 | Fax: 1.866.267.1064

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