

## TRANSFER: OPEN TO REGISTERED

TO:	Value Partners C/O RBC Inve 155 Wellington Toronto, ON M Fax: 416-955-	estor Services n St. W, 3rd Flo 15V3L3	oor	FROM:	Rep # Contact: _			
Account Owner			Social Insurance #	Date of Birth (D			/YYYY	)
Address		City		Province		Postal Cod	e	
Joint Holder (if applicable)			Social Insurance #		Date of E	Date of Birth (DD/MM/YYYY)		
Please tr	ansfer the follow	ing funds <b>FRO</b>	<b>M</b> OPEN Account Nu	umber				
Fund No	).	Fund Name		Amount	(\$, Units)	Amount Type (check)		
						%	\$	U
						%	\$	U
						%	\$	U
TO: A	Account Number <sub>-</sub>			Account Re	egistration			
Fund No	).	Fund Name		Amount	(\$, Units)	Amount Type (check)		
						%	\$	U
						%	\$	U
						%	\$	U
I/we unde	erstand that the o	completion of t	he above request ma	ay result in ca	apital gains being 	realized.  Account O	wner's	Signature
Signature Guarantee						Joint Holder's Signature		