

VALUE PARTNERS INVESTMENTS - TRANSFER AUTHORIZATION FOR NON-REGISTERED INVESTMENTS



300-175 Hargrave, Winnipeg, MB R3C 3R8 T 866-323-4235/204-949-1697 F 204-949-1743
(OPEN, JTWROS, JTIC, IN TRUST FOR)

This form can be used for transferring the non-registered plans listed above **except** (1) Estates, (2) Trusts, (3) Corporations.
Data entered on this form may be stored electronically. Please print neatly to ensure completeness, accuracy, and machine readability.

Section A: Client, Joint Holder, and ITF Identification

Account/Policy Holder Last Name, First Name, Initial

Address Suite # City Province Postal Code

Social Insurance Number Date of Birth (DD/MM/YYYY) Business Telephone Number

Joint Holder Last Name, First Name, Initial (IF APPLICABLE)

Address (ONLY IF DIFFERENT FROM ABOVE) Suite # City Province Postal Code

ITF Last Name, First Name, Initial (IF APPLICABLE)

ITF Social Insurance Number ITF Date of Birth (DD/MM/YYYY)

Section B: Receiving Institution Information

Courier Delivery: Value Partners Investment Inc. Canada Post: Value Partners Investments P: 844-VPI-FUND (844-874-3863)
c/o RBC Investor Services c/o RBC Investor Services F: 416-955-7769
Shareholder Services Shareholder Services
3rd Floor Imaging Team 3rd Floor Imaging Team
155 Wellington Street West P.O. Box 7500, Station A
Toronto, ON M5V 3L3 Toronto, ON M5W 1P9

Client Account/Policy Number

For use by
Mutual Fund
Brokers/
Dealers only

Dealer Name

Dealer Number

Representative Name

Representative Number

Business Telephone Number

Business Fax Number

Dealer Account Number

Non-Registered Account Type:

Investment Instructions:

Individual
JTWROS
JTIC
ITF

Investment	Symbol	FE%	\$/% Amount

Section C: Client Direction to Relinquishing Institution

Relinquishing Institution Name Address City Province Postal Code

Group Plan Number (if applicable)

Client Account/Policy Number

Transfer: (check one) All in cash* All as is (in Kind) All assets*, but mixed in Cash and as is (in Kind), Partial* - as listed below or on attached list

*Please refer to statement in bold in Client Authorization Section below. see list below or attached list

In Kind	In Cash	Investments Amount	Symbol and/or Certificate Number or Policy Number
Shares/Unit Dollars		Investment Description	
In Kind	In Cash	Investments Amount	Symbol and/or Certificate Number or Policy Number
Shares/Unit Dollars		Investment Description	
In Kind	In Cash	Investments Amount	Symbol and/or Certificate Number or Policy Number
Shares/Unit Dollars		Investment Description	

For use by Relinquishing Institution
Delay Delivery Until (DD/MM/YYYY)
Delay Delivery Until (DD/MM/YYYY)

Section D: Client Authorization

I hereby request the transfer of my account and its investments as described above. ***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. PLEASE CANCEL ALL OPEN ORDERS (PAC, SWP ETC.) FOR MY ACCOUNT ON YOUR BOOKS.**

Signature of Account Holder

Date DD/MM/YYYY