

IMPORTANT NOTICE - GLOBAL GROWTH ASSETS NO LONGER ACCEPTS CHEQUE AND THAT ALL PAYMENT MUST BE WIRED

A. Client Information

First Name	Initial	Last Name	SIN
Address			Date of Birth
			(dd/mm/yyyy)
City	Prov	Postal Code	
()	()		
Home PH Number	Business PH Number		

B. Receiving Institution - Transferee

Global Growth Assets Inc.
100 Mural St Richmond Hill, ON L4B 1J3

Telephone: 416-639-9384
Email: GGTA@apexgroup.com

A\$M Code: GPF

Client Account: _____

Dealer Information:

Rep Name	Rep Number	() Rep PH Number
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Dealer Name	Dealer Number	Dealer Acct Number (if applicable)
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Registered Type:

☐ RRSP ☐ LIF ☐ LIRA ☐ LRIF ☐ TFSA ☐ RRIF ☐ Spousal RRSP ☐ Spousal RRIF

Fund Name	Fund Code (FE)	FE Fee (if any)	Fund Code LL	Fund Code DSC	%/ \$ Amount

C. Relinquishing Institution Information - Transferor

Relinquishing Institution Name _____

Address _____ City _____ Prov _____ Postal Code _____

I wish to transfer: ☐ All in Cash ☐ All As Is (In Kind) ☐ All Assets but Mixed in Cash and As Is ☐ Partial

Client Account Number: _____

Investment Selection:

	Investment Name	Symbol	Amount ☐ \$ ☐ %
☐ In Kind ☐ In Cash			
☐ Shares/Units ☐ Cash			
☐ In Kind ☐ In Cash			
☐ Shares/Units ☐ Cash			
☐ In Kind ☐ In Cash			
☐ Shares/Units ☐ Cash			

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.**

X

Signature of Account Holder _____ Date (dd/mm/yyyy) _____

E. For Use by Relinquishing Institution

Registered Type: ☐ RRSP ☐ TFSA ☐ LIRA ☐ LRIF ☐ RRIF ☐ Spousal RRSP ☐ Spousal RRIF ☐ LIF: ☐ Federal LIF ☐ Old LIF ☐ New LIF

We have transferred: \$ _____ as per the client instructions above

Authorized Person Name	Authorized Person Position	() Authorized Person PH Number
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X
Authorized Person Signature _____ Date (dd/mm/yyyy) _____

F. For Use by Receiving Institution

We agree to the above for a direct transfer of property in the amount of: \$ _____

We have received the property and will credit it to the Applicant under the Plan.

Authorized Person Name	Authorized Person Position	() Authorized Person PH Number
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X
Authorized Person Signature _____ Date (dd/mm/yyyy) _____