

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. c/o DataCore Contact #: (416) 628-0263
 70 University Avenue, Suite 350, Toronto ON M5J 2M4 Fax #: (416) 848-7782

Client Account: _____

Dealer Information:

Rep Name _____ Rep Number _____ () _____
 Rep PH Number _____

Dealer Name _____ Dealer Number _____ Dealer Acct Number (if applicable) _____

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 <input type="checkbox"/> \$ <input type="checkbox"/> %
<input type="checkbox"/> In Kind <input type="checkbox"/> In Cash <input type="checkbox"/> Shares/Units <input type="checkbox"/> Cash			
<input type="checkbox"/> In Kind <input type="checkbox"/> In Cash <input type="checkbox"/> Shares/Units <input type="checkbox"/> Cash			
<input type="checkbox"/> In Kind <input type="checkbox"/> In Cash <input type="checkbox"/> Shares/Units <input type="checkbox"/> 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 _____

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 _____

X _____
 Authorized Person Signature _____ Date (dd/mm/yyyy) _____