

## Transfer Authorization for Registered Investments (RRSP, LIF, LIRA, LRIF, TFSA, RRIF, Spousal RRSP/RRIF)

Complete this form if you are transferring an existing RRSP, LIF, LIRA, LRIF, TFSA, RRIF, Spousal RRSP, Spousal RRIF from another financial institution to Global Growth Assets Inc. If you are opening a new TFSA, RRSP or RIF with Global Growth Assets Inc., please complete a TFSA, RRSP or RIF application along with this document.

A. Client Information								
First Name	Initial	L	ast Name			_	SIN	
Address						_	Date of Birth	
City		Prov	)	Postal Code		_	(22////////	
Home PH Number		<u>`</u>	Susiness PH Nu	mber				
B. Receiving Institution -								
Global Growth Assets Inc 2630 Skymark Avenue S Client Account: Dealer Information:	•	ssauga, Ontario L <sup>4</sup>	IW 5A4	Conta Fax #	act #: (416) 6 :: (416) 8	528-0263 848-7782		
Rep Name				_	Rep Numb	er	( ) Rep PH Numbe	er
egistered Type:				Dealer Numb	ealer Number Dealer Acct Number (if applicable)			ble)
☐ RRSP ☐ LIF ☐ L Fund Name	RA □ LRIF	☐ TFSA ☐ RRIF	Fund Code		□ Spousal RRI <b>Fee <i>(if any)</i></b>	Fund Code LL	Fund Code DSC	%/\$ Amount
C. Relinquishing Institut	on Information	n - Transferor						
Address  I wish to transfer:	h h	C All As Is (In Ki	ity		Prov ut Mixed in Ca Amount □\$	sh and As Is	tal Code Partial	_
D. Client Authorization I hereby request the trans *WHERE I HAVE REQUES ANY APPLICABLE FEES, CL X	TED A TRANSFER	IN CASH, I AUTHORI					6 AND AGREE TO P	AY
Signature of Account Holder					Date (dd/m	nm/yyyy)		
E. For Use by Relinquish Registered Type: ☐ RRSP We have transferred:		□ LIRA □ LRIF	□ RRIF [	☐ Spousal RRS		usal RRIF	: □Federal LIF □O above	ld LIF
Authorized Person Name X			uthorized Pers	on Position		Authorized P	erson PH Number	
Authorized Person Signature				Date (dd/mm	1/yyyy)			
F. For Use by Receiving We agree to the above for a	direct transfer of				\$			
We have received the prope	rty and will credit	it to the Applicant u	nder the Plan.			<i>(</i> )		
Authorized Person Name		<u> </u>	authorized Pers	son Position	_	Authorized F	Person PH Number	
Authorized Person Signature		<del>_</del>	Date (dd/mm	n/yyyy)				