

# TRANSFER AUTHORIZATION FOR REGISTERED INVESTMENTS (RRSP, LRSP, LIRA)

This form should be used when requesting the transfer of funds under paragraph 146(16)(a) of the Income Tax Act of Canada

MANDATORY INFORMATION							
Dealer #				Representative #			
Rep. Name:							
Rep. Phone Number:							

## 1. CLIENT IDENTIFICATION

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr.	Last Name	First Name	Initials			
					Street Address	City	Province	Postal Code		
					Telephone No.	Social Insurance No.	Date of Birth	M	D	Y

## 2a. TRANSFER DIRECTION

- All in Kind (WOF application required for new accounts)     All in Cash  
 Partial:  in Kind     In Cash (Complete section under Fund Code)

### Registered Type:

- RRSP     LIRA: Governing Legislation: \_\_\_\_\_  
 Spousal     LRSP: Governing Legislation: \_\_\_\_\_

### FUND CODES

#### Balanced Shares Series 1 (Not applicable for Transfers in Cash)\*

- WOF 888 \$ \_\_\_\_\_ or \_\_\_\_\_ units  
 WOF 890 \$ \_\_\_\_\_ or \_\_\_\_\_ units  
 WOF 892 \$ \_\_\_\_\_ or \_\_\_\_\_ units  
 WOF 894 \$ \_\_\_\_\_ or \_\_\_\_\_ units  
 WOF 895 \$ \_\_\_\_\_ or \_\_\_\_\_ units  
 WOF 896 \$ \_\_\_\_\_ or \_\_\_\_\_ units

#### Growth Shares Series 1 (Not applicable for Transfers in Cash)

- WOF 889 \$ \_\_\_\_\_ or \_\_\_\_\_ units  
 WOF 891 \$ \_\_\_\_\_ or \_\_\_\_\_ units  
 WOF 893 \$ \_\_\_\_\_ or \_\_\_\_\_ units

#### Series 2 (Applicable for Transfers in Kind and in Cash)\*

- |  |    |  |
|--|----|--|
| <input type="checkbox"/> WOF 131 \$ _____ or _____ units | OR | <input type="checkbox"/> WOF 132 \$ _____ or _____ units |
| <input type="checkbox"/> WOF 141 \$ _____ or _____ units | OR | <input type="checkbox"/> WOF 142 \$ _____ or _____ units |
| <input type="checkbox"/> WOF 151 \$ _____ or _____ units | OR | <input type="checkbox"/> WOF 152 \$ _____ or _____ units |
| <input type="checkbox"/> WOF 161 \$ _____ or _____ units | OR | <input type="checkbox"/> WOF 162 \$ _____ or _____ units |
| <input type="checkbox"/> WOF 171 \$ _____ or _____ units | OR | <input type="checkbox"/> WOF 172 \$ _____ or _____ units |
| <input type="checkbox"/> WOF 181 \$ _____ or _____ units | OR | <input type="checkbox"/> WOF 182 \$ _____ or _____ units |
| <input type="checkbox"/> WOF 191 \$ _____ or _____ units | OR | <input type="checkbox"/> WOF 192 \$ _____ or _____ units |

\*For information on Commissions and Services Fees, please see the Fund Prospectus.

### Client Signature Required for In Kind and Cash Transfers

Date: \_\_\_\_\_ Client Signature **X**

Check box for In Cash Transfers Only

Purchases will be for shares currently offered by WOF. All fund share purchases are made subject to the terms and conditions set out in the WOF prospectus, including the applicable hold period. I understand that in very limited circumstances these shares may be eligible to be redeemed early, subject to certain conditions including repayment of tax credits. See WOF prospectus for details.

## 2b. RELINQUISHING INSTITUTION INFORMATION (TRANSFEROR)

Firm Name	Registered Plan Account #		
Street Address	City	Province	Postal Code
Redeem Fund Code(s)	Amount	Telephone No.	

## 3. RECEIVING INSTITUTION INFORMATION (TRANSFeree)

**As Agent for Concentra Trust**  
**GrowthWorks Capital Ltd.**  
 2600-1055 W Georgia Street  
 PO Box 11170, Royal Centre  
 Vancouver BC V6E 3R5  
 Tel: 1.800.268.8244  
 Fax: 1.866.688.3431  
 email: client.services@growthworks.ca

Please make cheque payable to:  
**Working Opportunity Fund**

Registered Plan Account # (For new accounts: Plan number will be assigned when transfer documentation received in good order.)	
CRA Specimen Plan Number:	<b>RSP 145-623</b>

We agree to the above request for a direct transfer of property. When we receive the property, provided it complies with the Declaration of Trust for GrowthWorks WOF Retirement Savings Plan, we will credit the annuitant or member under that account identified above. RRSP Contribution Receipts will not be issued.

Authorized Signature RRSP Administrator **X**  Date: \_\_\_\_\_

## 4. COMPLETE WHEN PROPERTY TRANSFERRED (To be completed by Transferor)

Registered Type:	Locked-In:	Spousal:
<input type="checkbox"/> RRSP \$ _____	<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Locked-In \$ _____	<input type="checkbox"/> Yes. If yes, what is the Governing Legislation? <input type="checkbox"/> Federal <input type="checkbox"/> Provincial (specify Prov.): _____	<input type="checkbox"/> Yes: If yes, Contributor name and SIN #:
	<input type="checkbox"/> Copy of Locked-In Agreement Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contributor Name: _____
		Social Insurance No. _____

(If applicable) We are unable to process this transfer because: \_\_\_\_\_

We certify that the information given in Parts 1, 2 and 4 is correct and complete.

Authorized Signature **X** Date: \_\_\_\_\_