



DIRECT TRANSFER AUTHORIZATION

Section A

Annuitant Information

Last Name _____ First Name _____
Address _____ City _____ Prov. ____ Postal Code _____
Social Insurance Number _____ Telephone Number _____

Section B

Receiving Institution (CWCF)

Receiving Institution Name: **Canadian Worker Cooperative Federation**
Address: **1-41 Aberdeen Street Kentville, NS B4N 2M9** Phone: (902) 678-1683 Fax: (902) 678-0780
Please credit my: RRSP Spousal RRSP TFSA
Contract Number _____ Specimen Plan: SD-RSP 145-698 SD-TFSA 145-2416
Certified by _____, Canadian Worker Cooperative Federation
(Authorized Agent) (Receiving Institution)

Section C

Annuitant Direction to Relinquishing Institution

Relinquishing Institution Name _____
Address _____
City _____ Prov. ____ Postal Code _____ Phone _____ Fax _____
Contract or Plan # _____ Deposit # _____ Maturity Date (if applicable): _____
PLEASE TRANSFER: _____ all of the property in cash in-kind
_____ lump Net Sum of \$ _____ (in cash)
_____ part of the property (Specify investment description, amount, and share certificate #s)

FROM MY: RRSP Spousal RRSP RRIF RPP DPSP Retiring Allowance TFSA
If from a Spousal RRSP: Contributor's Name _____ Contributor's SIN _____
If from an RPP/DPSP, I am the: ____ member, OR ____ beneficiary spouse, OR ____ former spouse due to marriage breakdown

Section D

Annuitant Authorization

I hereby request the transfer of my account and its assets as specified above.
Signature _____ Date _____
Signature Guarantee _____
(Authorized Sub-Agent)

By signing as guarantor, you are verifying that you have checked the signatory's ID to verify their identity, and that the signatory appears to be of sound mind and is signing this document of their own free will.

Section E

For Use By Relinquishing Institution Only

Amount transferred: \$ _____ from the RRSP Spousal RRSP RRIF RPP DPSP
 Retiring Allowance TFSA as specified in Section C
RRSP Spousal Contributions: ____ NO ____ YES If yes, Contributor's Name: _____ SIN: _____
Locked-in Funds: **The CWCF SD-RSP Program does not accept Locked-in Funds**

(Date) (Authorized signature of Relinquishing Institution) (Contact Phone Number)