

Section 1 – Account holder information

☐ Mr. ☐ Ms. Last name: _____ First name: _____
 No. and street: _____ Apt./Suite: _____
 City: _____ Province: _____ Country: _____ Postal code: _____
 Social insurance number: _____
 Telephone (business): _____ Telephone (home): _____ Telephone (mobile): _____

Section 2 – Transferor institution identification (who sends the funds)

⚠ Attention: Please attach a copy of a recent account statement.

Name of the institution: _____
 Attn.: _____
 No. and street: _____ Suite: _____
 City: _____ Province: _____ Country: _____ Postal code: _____

Account type (check only one box)

Account number: _____

Account type	Currency	Account type	Currency	Account type	Currency
RRSP <input type="checkbox"/> Annuitant <input type="checkbox"/> Spousal	<input type="checkbox"/> CAD <input type="checkbox"/> USD	TFSA <input type="checkbox"/> CAD <input type="checkbox"/> USD	<input type="checkbox"/> CAD <input type="checkbox"/> USD	RRIF <input type="checkbox"/> Annuitant <input type="checkbox"/> Spousal	<input type="checkbox"/> CAD <input type="checkbox"/> USD
LIRA or LRSP¹ <input type="checkbox"/> CAD <input type="checkbox"/> USD	<input type="checkbox"/> CAD <input type="checkbox"/> USD	FHSA <input type="checkbox"/> CAD <input type="checkbox"/> USD	<input type="checkbox"/> CAD <input type="checkbox"/> USD	LIF <input type="checkbox"/> CAD <input type="checkbox"/> USD	<input type="checkbox"/> CAD <input type="checkbox"/> USD
RLSP <input type="checkbox"/> CAD <input type="checkbox"/> USD	<input type="checkbox"/> CAD <input type="checkbox"/> USD	FTA RRSP <input type="checkbox"/> Annuitant <input type="checkbox"/> Spousal	<input type="checkbox"/> CAD <input type="checkbox"/> USD	RLIF <input type="checkbox"/> CAD <input type="checkbox"/> USD	<input type="checkbox"/> CAD <input type="checkbox"/> USD
Defined contribution RPP – variable benefit account (Ontario)	<input type="checkbox"/> CAD <input type="checkbox"/> USD				

Important: For RESP transfers, please use applicable government forms.

RESERVED FOR TRANSFEROR INSTITUTION
Identification of contributing spouse or common-law partner, if applicable (for RRSP, FTA RRSP or RRIF transfers)

☐ Mr. ☐ Ms. Last name: _____ First name: _____
 Social insurance number: _____

Jurisdiction confirmation (for LIRA, LRSP, RLSP, LIF or RLIF transfers)

Plan Jurisdiction: _____ Income earned since the beginning of the year (for LIF or LRIF Ontario only): \$ _____.

Does a locked-in provision apply? ☐ No ☐ Yes, on the amount of \$ _____.

Was the transferred locked-in plan a LIF on at least one day in the current year? ☐ No ☐ Yes

Plan eligibility (for RRIF or LIF transfers)

Is the plan eligible (initially opened before January 1st, 1993)? ☐ No ☐ Yes

Have you or will you pay the annuitant a minimum amount established for the year of the transfer? ☐ No ☐ Yes

Amount paid: \$ _____ Payment Date: _____

Section 3 – Transferee institution identification (who receives the funds)

Desjardins Securities Inc.
Attn.: VP-WMO-Transfers
1 Complexe Desjardins, P.O. Box 800
Desjardins Station
Montreal, QC H5B 0B1

Business line: _____
Fax: _____

CUID CDS: VMDM
DTC: 5028
A\$M: 9356 V.M. Desjardins
Investment Funds (FINS): 9356 - _____

Account type (check only one box)

Account number:

Account type	Currency	Account type	Currency	Account type	Currency
RRSP <input type="checkbox"/> Annuitant <input type="checkbox"/> Spousal	<input type="checkbox"/> CAD <input type="checkbox"/> USD	TFSA <input type="checkbox"/> CAD <input type="checkbox"/> USD		RRIF <input type="checkbox"/> Annuitant <input type="checkbox"/> Spousal	<input type="checkbox"/> CAD <input type="checkbox"/> USD
LIRA or LRSP ¹	<input type="checkbox"/> CAD <input type="checkbox"/> USD	FHSA <input type="checkbox"/> CAD <input type="checkbox"/> USD		LIF <input type="checkbox"/> CAD <input type="checkbox"/> USD	
RLSP <input type="checkbox"/> CAD <input type="checkbox"/> USD		FTA RRSP <input type="checkbox"/> Annuitant <input type="checkbox"/> Spousal <input type="checkbox"/> CAD		RLIF <input type="checkbox"/> CAD <input type="checkbox"/> USD	

RESERVED FOR TRANSFEEE INSTITUTION

Identification of contributing spouse or common-law partner, if applicable (for RRSP, FTA RRSP or RRIF transfers)

☐ Mr. ☐ Ms. Last name: _____ First name: _____

Social insurance number: _____

¹ Locking-in confirmation

As agent for Desjardins Trust Inc., we confirm that all of the above registered capital locked-in amounts that are subject to the instructions given by the holder to the transferring institution, as indicated in Section 3, will be transferred to a registered plan of the same type and will continue to be managed in accordance with retirement legislation or the contractual provisions of the issuing province or territory of Canada: _____.

Desjardins Trust Inc. agrees to administer the locked-in funds transferred following this account transfer authorization in accordance with the laws and regulations applicable to the locked-in pension plan indicated in section 3. It is the legal responsibility of the transferring institution to provide this information to the transferring institution. If we do not receive this information, we will consider the information in section 2 to be accurate.

Section 4 – Transfer request instruction (check only one box)

- ☐ Total in kind (as is, no sale)
- ☐ Total in cash (all assets will be sold)
- ☐ Total mixed (indicate the assets to be sold and transferred as is below)
- ☐ Partial (specify assets to be transferred below)

Description (investment name or cash balance)	Security Symbol and/or Policy (CUSIP)	Quantity or amount	In kind (as is)	In cash (to sell)	Cash balance or at maturity (no sales)	Maturity Date (YYYY-MM-DD)
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Important: To list additional securities, please attach a duly completed and signed form Schedule – List of additional securities (VD208A).

Section 5 – Consent and signatures

I hereby authorize you to transfer to Desjardins Securities my accounts held at your financial institution, in accordance with the instructions in section 4 of this form. I authorize Desjardins Securities to receive the balance, and all securities held in my accounts. These instructions are subject to Desjardins Securities' approval of my accounts, which reserves the right to refuse certain securities.

I revoke all open orders for my accounts. However, when a cash transfer is requested, I authorize all necessary orders to be placed at the market price.

I agree to pay all fees, as well as any discrepancies or adjustments that may arise in connection with this request.

I authorize Desjardins Securities to act on my behalf to pay these amounts, which will then be deducted from my account balance. If, for any reason whatsoever, assets in my accounts cannot be delivered to Desjardins Securities, I request that Desjardins Securities be notified in writing immediately, identifying the assets involved and the reason for your inability to deliver them.

I understand that Desjardins Securities may not accept a transfer from another dealer member if that account is not covered in compliance with regulatory requirements, unless, at the time of the transfer, Desjardins Securities has sufficient funds or a guarantee to my credit to cover the insufficient funds in the account.

For a transfer from an RRSP to an FHSA: I certify that the amount transferred does not result in an excess FHSA amount.

For a Spousal or Common-Law Partner RRSP Transfer to an FHSA: I understand that if I intend to transfer property from a spousal or common-law partner RRSP under which I am the annuitant, I am not permitted to transfer any amounts from the RRSP if my spouse or common-law partner has contributed any amounts to any of my spousal or common-law partner RRSPs during the current year or the two preceding calendar years. If I make such a transfer, the amount of the transfer will be a taxable withdrawal from my RRSP and a new contribution to my FHSA.

For an FHSA Transfer to an RRSP or RRIF: I understand that if I have an excess FHSA amount at the time of the transfer and I transfer property from my FHSA to my RRSP or RRIF, any portion of the amount transferred that exceeds the total fair market value (FMV) of all the property held in all of my FHSAs at the time of the transfer minus the excess FHSA amount at the time of the transfer, will be treated as both:

- a taxable withdrawal from my FHSA, which must be included as income on my income tax and benefit return for the year of the transfer, and
- a new RRSP contribution at the time of the transfer to my RRSP or RRIF.

For mutual funds transfers at DOB: Since June 1st, 2022, new rules from the Canadian Securities Administrators will ban investment fund managers from paying trailing commissions to discount brokers who don't provide advisory services.

As a result of this regulatory change, mutual funds with trailing commissions can no longer be held in or transferred to non-advisory accounts. Upon reception of this form, a switch will be made automatically to a like-to-like or like-to-similar mutual funds class or series with no trailing commissions, without further notice. If no like-to-like or like-to-similar mutual funds classes or series is available, a representative from DOB will contact you to review your options.

The detailed information regarding any trailing commissions that DOB could receive between the transfer request and the switch to a category or series of mutual funds with no trailing commission are available at <https://www.disnat.com/en/platforms-and-fees/investment-types>.

Name of client (in block letters)

X

Signature of client

Date (YYYY-MM-DD)

Name of irrevocable beneficiary* (in block letters)

X

Signature of irrevocable beneficiary

Date (YYYY-MM-DD)

*Mandatory for FTA RRSP account.