



DIRECT TRANSFER AUTHORIZATION

Section A

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

Section B

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
 Account Number _____ Specimen Plan: SD-RSP 145-698 SD-TFSA 145-2416
 Certified by _____, Canadian Worker Cooperative Federation
 (Authorized Agent) (Receiving Institution)

Section C

Relinquishing Institution Name _____
 Account Holder Direction to Relinquishing Institution Address _____
 City _____ Prov. ____ Postal Code _____ Phone _____ Fax _____
 Account/Plan # _____ Deposit # _____ Maturity Date (if applicable): _____
PLEASE TRANSFER: _____ all of the property in cash in-kind
 _____ lump net sum (after fees) 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

I hereby request the transfer of my account and its assets as specified above.

Account Holder Authorization

Signature _____ Date _____
 Signature Guarantee _____
 (Authorized Sub-Agent)

By signing as guarantor, you are confirming 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

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 Plan does not accept Locked-in Funds**

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