



**PART 1: CLIENT/ANNUITANT INFORMATION**

LAST NAME	FIRST NAME	INITIAL	SOCIAL INSURANCE NUMBER
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STREET

CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER
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**TRANSFER MY:**

RSP    LIRA/LIRSP    RIF    LIF    RLSP    RLIF    TFSA    DPSP    PENSION    RETIRING ALLOWANCE  
 FULL TRANSFER    PARTIAL TRANSFER OR LUMP SUM OF \$    IN CASH

<b>FROM:</b>	TRANSFEROR (RELINQUISHING) INSTITUTION NAME		
	STREET		
	CITY	PROVINCE	POSTAL CODE
	CONTRACT/PLAN #	DEPOSIT #	MATURITY DATE (MM/DD/YY)

<b>TO:</b>	LEAGUE SAVINGS AND MORTGAGE COMPANY 6074 LADY HAMMOND RD, HALIFAX, NS B3K 2R7 PHONE: (800) 668-2879 FAX: (866) 860-3116	CONTRACT/PLAN #
	<b>TICK APPLICABLE SPECIMEN PLAN:</b> <input type="checkbox"/> RSP 421-1 <input type="checkbox"/> SPOUSAL RSP 421-1 <input type="checkbox"/> LIRA 421-1 <input type="checkbox"/> RIF 210 <input type="checkbox"/> SPOUSAL RIF 210 <input type="checkbox"/> LIF 210 <input type="checkbox"/> TFSA 04210019	
	IF FROM RPP/DPSP: <input type="checkbox"/> I AM THE MEMBER OR <input type="checkbox"/> THE BENEFICIARY SPOUSE** OR <input type="checkbox"/> FORMER SPOUSE** DUE TO BREAKDOWN OF MARRIAGE OR <input type="checkbox"/> COMMON LAW PARTNER <small>**OR OTHER INDIVIDUAL WHO HAS BEEN GIVEN SIMILAR RIGHTS UNDER APPLICABLE LEGISLATION</small>	

CLIENT/ANNUITANT SIGNATURE	DATE (MM/DD/YY)
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(OR,  SEE LETTER ATTACHED)

CERTIFIED BY: AUTHORIZED AGENT NAME AND PHONE NUMBER	LEAGUE SAVINGS AND MORTGAGE (TRANSFEREE INSTITUTION)
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**PART 2: COMPLETED BY TRANSFEROR (RELINQUISHING) INSTITUTION**

AMOUNT TRANSFERRED \$ (TRANSFEROR TO ISSUE T4RIF FOR TRANSFERS FROM RRIF TO RRSP OR T4 FOR RETIRING ALLOWANCE TRANSFER)

SPOUSAL PLAN (N/A FOR TFSA)  NO  YES - IF YES, COMPLETE:

CONTRIBUTOR LAST NAME	FIRST NAME	INITIAL	SOCIAL INSURANCE NUMBER
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LOCKED IN FUNDS  NO  YES - IF YES, COMPLETE PENSION INFORMATION BELOW:

RETIRING ALLOWANCE: AMOUNT TO BE REPORTED IN BOX 26 (ELIGIBLE RETIRING ALLOWANCE) OF THE EMPLOYEE'S T4A SLIP \$

FROM RRIF: THE TRANSFER IS FROM A QUALIFYING PRE-1993 RRIF  NO  YES

FROM RPP: WE DID NOT TRANSFER \$ OF THE AMOUNT IN ACCORDANCE WITH SUBSECTION 147.3(1) TO (7) AND WILL REPORT THIS AMOUNT AS INCOME OF THE APPLICANT ON A T4A SLIP

FROM TFSA: THE VALUE OF PROPERTY IN THE HOLDER'S TFSA JUST BEFORE THE TRANSFER WAS \$

**COMPLETE IF AMOUNTS ARE LOCKED-IN UNDER PENSION LEGISLATION**

LOCKED-IN PENSION AMOUNT \$

HAVE FUNDS BEEN HELD IN A LIF/LRIF/RLIF AT ANY TIME DURING YEAR OF TRANSFER?  NO  YES

FUNDS ORIGINATED FROM PENSION FUND

PENSION LEGISLATION (ATTACH COPIES OF DOCUMENTATION TO SUPPORT THE JURISDICTION)

ANNUITY RATE BREAKDOWN \$ (UNISEX) \$ (SEX DISTINCT)

DATE (MM/DD/YY) AUTHORIZED SIGNATURE OF TRANSFEROR INSTITUTION TELEPHONE NUMBER

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