



TO:	FAX:
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Please process the attached transfer request. If for any reason this request is rejected, fax a notice to 1-866-860-3116. If there are any questions or concerns, contact us at depositrenewals@aclsm.ca.

For **Atlantic credit unions**, our preferred method for receiving funds is by ICU.

For **all other financial institutions**, send funds by wire transfer. To transfer money via wire:

RECEIVER

Pay direct to:
SWIFT BIC: CUCXCATTVAN
Central 1 Credit Union - Vancouver

BENEFICIARY BANK-SWIFT FIELD 57

Route No. and Transit No:
83915123

Credit Union Name:
League Savings and Mortgage

Credit Union Address:
6074 Lady Hammond Rd Suite 2001, Halifax, NS B3K 2R7

BENEFICIARY CUSTOMER-SWIFT FIELD 59

Account No:
00512-121

Member Name:
League Savings and Mortgage

Member Address:
6074 Lady Hammond Rd Suite 2001, Halifax, NS B3K 2R7

PAYMENTS DETAILS

FFC TO
Client name

ACCT
Client account #

TYPE
Plan type/Locked In Legislation if applicable

WIRE CONFIRMATION

Please fax a copy of this transfer authorization form to 1-866-860-3116, Attn: Transfer-in Dept, and include:

Wire amount: _____

Delivering account type: _____

Locked-in legislation, if applicable: _____

This fax may be privileged and/or confidential, and the sender does not waive any related rights and obligations. Any distribution, use or copying of this fax or the information it contains by other than an intended recipient is unauthorized.

If you received this fax in error, please advise us immediately.



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

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

TO:	LEAGUE SAVINGS AND MORTGAGE COMPANY 6074 LADY HAMMOND RD SUITE 2001 HALIFAX, NS B3K 2R7 PHONE: (800) 668-2879 FAX: (866) 860-3116	CONTRACT/PLAN #
	TICK APPLICABLE SPECIMEN PLAN: <input type="checkbox"/> RSP 0145-740 <input type="checkbox"/> SPOUSAL RSP 0145-740 <input type="checkbox"/> LIRA 0145-740 <input type="checkbox"/> RIF 1741 <input type="checkbox"/> SPOUSAL RIF 1741 <input type="checkbox"/> LIF 1741 <input type="checkbox"/> TFSA 01452556 <input type="checkbox"/> FHSA 31450307	

IF FROM RPP/DPSP: I AM THE MEMBER OR THE BENEFICIARY SPOUSE** OR

FORMER SPOUSE** DUE TO BREAKDOWN OF MARRIAGE OR COMMON LAW PARTNER

**OR OTHER INDIVIDUAL WHO HAS BEEN GIVEN SIMILAR RIGHTS UNDER APPLICABLE LEGISLATION

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 DOCUMENTION 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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