

SECTION 1: CLIENT IDENTIFICATION			
Name (first, middle initial(s), last):			
Mailing Address (number, street, apartment or suite number)			
City or Town		Province	Postal Code
Home Telephone	Business Telephone	Social Insurance Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
SECTION 2: RECEIVING INSTITUTION INFORMATION	Lincluden Balanced Fund		Lincluden Account Number
	c/o CIBC Mellon Global Securities Services 320 Bay Street, Toronto, Ontario, MH 4A6 Attn: Bibi Jameel (tel: 416-643-5484 fax: 416-643-5455)		(if existing account)
	Locked-In Confirmation		<input type="text"/>
	CIBC Mellon Trust Company as Trustee for the Lincluden Retirement Savings Plan and the Lincluden Retirement Income Fund acknowledge that all locked-in funds from the registered plan noted in the Client Direction to the Relinquishing Institution section below will be transferred to the registered plan type noted and will continue to be administered in accordance with the governing pension legislation noted in the For Use by Relinquishing Institution Only section below. Any subsequent transfer of these locked-in funds to another trustee or financial institution will be made only to another registered plan, which must continue to be administered in accordance with legislation of the jurisdiction noted below. No transfer of locked-in funds will be permitted unless the receiving plan is appropriately registered and in compliance with the applicable pension legislation, regulations and the Income Tax Act (Canada) and appears on the Superintendent's List of Financial Institutions authorized to administer funds in the jurisdiction noted above (if applicable).		
Registered Type:	Authorized Signature _____ Name _____ Date _____		
<input type="checkbox"/> RRSP <input type="checkbox"/> RRIF			
<input type="checkbox"/> Spousal <input type="checkbox"/> Spousal			
<input type="checkbox"/> RRSP <input type="checkbox"/> RRIF			
<input type="checkbox"/> LIRA <input type="checkbox"/> LRIF			
<input type="checkbox"/> LRSP <input type="checkbox"/> LIF			
<input type="checkbox"/> RLSP <input type="checkbox"/> RLIF			
<u>Specimen Plans:</u>			
RSP 524-018			
RIF 1218			
SECTION 3: CLIENT DIRECTION TO RELINQUISHING INSTITUTION	Relinquishing Institution Name		Client Account Number
	Mailing Address		
	City or Town	Province	Postal Code
	Property to be Transferred from: (individual plan or fund name)		Lump Sum or Estimated Amount
<input type="checkbox"/> all assets, in cash ¹ <input type="checkbox"/> in kind			
<input type="checkbox"/> partial withdrawal in cash (from indicated plan/fund)			
TOTAL			
SECTION 4: CLIENT AUTHORIZATION	I hereby request the transfer of my account and its investments as described above. WHERE I HAVE REQUESTED A TRANSFER IN CASH, I AUTHORIZE THE LIQUIDATION OF ALL OR PART OF MY INVESTMENTS AND AGREE TO PAY ANY APPLICABLE FEES, CHARGES OR ADJUSTMENTS.		
	Signature of Account Holder	Date	Irrevocable Beneficiary: I consent to the transfer of the account. Signature of Irrevocable Beneficiary (if applicable)
			Date
(For locked-in plans) Spouse: I consent to the transfer of the account.			Signature of spouse (if applicable) _____ Date _____
SECTION 5: FOR USE BY RELINQUISHING INSTITUTION ONLY	If the registered type is a RRIF is it a qualified RRIF? <input type="checkbox"/> NO <input type="checkbox"/> YES		
	If RRIF, LRIF, LIF or RLIF property is being transferred to another RRIF, LRIF, LIF or RLIF, have you paid the minimum amount <input type="checkbox"/> YES <input type="checkbox"/> NO maximum amount (if applicable) <input type="checkbox"/> YES <input type="checkbox"/> NO for the year? (attach details)		
	Spousal Plan? <input type="checkbox"/> NO <input type="checkbox"/> YES - if yes, complete the following:		
	Last Name of Contributor	First Name & Initials	Social Insurance Number
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Locked In: <input type="checkbox"/> NO <input type="checkbox"/> YES - confirmation attached	Governing Legislation	Transfer Amount (\$) _____ Locked-In Amount (if applicable) _____
Contact Name	Telephone Number	Fax Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Authorized Signature		Date	
<input type="text"/>		<input type="text"/>	

¹ Unless funds being transferred are existing Lincluden Balanced Fund Units, the transfer should be 'in cash'. Existing Lincluden Balanced Fund Units are to be transferred 'in kind'.

COMPLETING THE TRANSFER AUTHORIZATION FORM

Completion of the form is required if you are transferring registered plan funds from another institution. Please note, if you do not have an existing Lincluden registered account, you must also complete an Account Application form.

SECTION 1: CLIENT IDENTIFICATION

Complete as indicated.

SECTION 2: RECEIVING INSTITUTION INFORMATION

If you know your Lincluden RRSP or RRIF account number, enter in the space provided. If you are completing the transfer as part of an application to open a new account leave this area blank.

Check that box that applies to your Lincluden registered account type or the type of account you wish to establish (RRSP, RRIF, etc.).

If you are transferring locked-in funds, Lincluden will execute the locked-in confirmation.

SECTION 3: CLIENT DIRECTION TO RELINQUISHING INSTITUTION

Provide the complete address of the institution where the funds are coming from along with your account number.

If you wish to transfer all of the property in your account, ensure you have marked the check box confirming “all assets”.

If you hold more than one fund at the relinquishing institution it is important that you clarify which fund(s) should be redeemed by the transferor.

SECTION 4: CLIENT AUTHORIZATION

It is important that you sign and date here. If the form is not signed or accompanied by a letter with an original signature, the relinquishing institution will almost certainly not process your transfer request.

SECTION 5: FOR USE BY RELINQUISHING INSTITUTION ONLY

For internal use only

DISTRIBUTION

IF YOU ARE A NEW LINCLUDEN REGISTERED CLIENT AND HAVE A RELATIONSHIP WITH A DEALER OTHER THAN LINCLUDEN MUTUAL FUND DEALER INC. – Return the completed Transfer Authorization form plus an Account Application form to Lincluden Balanced Fund, c/o CIBC Mellon Global Securities Services, 320 Bay Street, Toronto, Ontario, M5H 4A6.

IF YOU CURRENTLY HAVE A REGISTERED ACCOUNT OPEN OF THE SAME TYPE THAT YOU ARE CURRENTLY TRANSFERRING TO LINCUDEN: Return the completed Transfer Authorization form directly to the RELINQUISHING INSTITUTION unless the funds are locked-in; in which case return the completed Transfer Authorization form to: Lincluden Balanced Fund, c/o CIBC Mellon Global Securities Services, 320 Bay Street, Toronto, Ontario, M5H 4A6.

IF YOU ARE AN EXISTING CLIENT OF LINCLUDEN MUTUAL FUND DEALER INC. BUT ARE A NEW REGISTERED CLIENT - Return the completed Transfer Authorization form plus an Account Application form to Lincluden Mutual Fund Dealer Inc., 1275 North Service Road West, Suite 607, Oakville, Ontario, L6M 3G4. If possible include a copy of a recent statement of the registered plan being transferred to Lincluden.

IF YOU ARE A NEW CLIENT OF LINCLUDEN MUTUAL FUND DEALER INC. - Return the completed Transfer Authorization form plus an Account Application form and Know Your Client form to Lincluden Mutual Fund Dealer Inc., 1275 North Service Road West, Suite 607, Oakville, Ontario, L6M 3G4.