



Investment  
Management™

**COUNSEL** | PORTFOLIOS

## **IMPORTANT NOTICE**

Effective October 1, 2024, Counsel Portfolio Services Inc. and Canada Life Investment Management Ltd. have amalgamated to form Canada Life Investment Management Ltd. (CLIML). CLIML will now act as the fund manager, portfolio manager, trustee, and promoter for all Counsel funds. This change does not impact the management of the Counsel funds, and no action is required on your part.

Updating websites, materials, and forms to reflect this change will take some time. Until then, any references to Counsel Portfolio Services Inc. – whether online, in banking transactions or in print, including materials accompanying this notice – should be understood as referring to Canada Life Investment Management Ltd.


Please keep this notice with your records.

# Transfer Authorization for Registered & Non Registered Investments T2033

RSP LIRA LRSP RIF LRIF LIF FHSA TFSA NON-REGISTERED

This form can be used for RSP to RSP transfers (except for transfers due to death), RSP to RIF, RLIF, RLSP and PRIF transfers, and RIF to RIF transfers.

*Please note: The data entered on this form may be scanned and stored electronically. Please print neatly in the spaces provided to ensure completeness, accuracy and machine readability.*

<b>A: Client identification</b>	Account/Policy holder last name		First name	
	Address		City	Province    Postal code
	Social Insurance Number		Home telephone number	Business telephone number
<b>B: Receiving institution information</b>	Receiving institution name <b>COUNSEL PORTFOLIO SERVICES INC.</b>			
<b>A\$M Company code: CGF</b>	Address <b>180 QUEEN STREET WEST</b>		City <b>TORONTO</b>	Province <b>ON</b> Postal code <b>M5V 3K1</b>
	Telephone number <b>1-877-216-4979</b>	Fax number <b>1-866-766-6623</b>	Group plan number (if applicable)	Client account/policy number
For use by Mutual Fund Brokers/Dealers only	Dealer name		Dealer number	
	Agent name		Agent number	
	Business telephone number	Business fax number	Dealer account number	
<b>Investment instructions:</b>	Investment name    Symbol    % or \$ amount    Commission Rebate:			
Registered type: <input type="checkbox"/> Non-Registered				<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> RRSP <input type="checkbox"/> RRIF <input type="checkbox"/> LRIF				
<input type="checkbox"/> Spousal <input type="checkbox"/> Spousal <input type="checkbox"/> LIRA				
<input type="checkbox"/> RRSP <input type="checkbox"/> RRIF <input type="checkbox"/> FHSA				
<input type="checkbox"/> LIF <input type="checkbox"/> LRSP <input type="checkbox"/> TFSA				
<input type="checkbox"/> RLSP <input type="checkbox"/> RLIF <input type="checkbox"/> PRIF				
<b>Locked-in confirmation</b>	Counsel Portfolio Services, as agent for B2B Trustco, agrees to administer all locked-in funds transferred under this transfer authorization in accordance with the governing pension legislation indicated in Section E below. Any subsequent transfer of these locked-in funds to another trustee or financial institution will be made only to another registered plan, which will continue to be administered in accordance with the requirements indicated 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).			 Authorized B2B Trustco Signing Officer/Agent
<b>C: Client direction to relinquishing institution</b>	Relinquishing institution name			
	Address		City	Province    Postal code
	Group plan number (if applicable)		Client account/policy number	
<i>*Please refer to statement in bold in Client Authorization section below.</i>	Transfer: (check one box only)			
	<input type="checkbox"/> All in cash*		<input type="checkbox"/> All as is (in kind)	
	<input type="checkbox"/> All assets*, but mixed in cash and as is (in kind), see list below or attached list		<input type="checkbox"/> Partial – see listed below or on attached list	
	In kind <input type="checkbox"/>	In cash <input type="checkbox"/>	Investment % or \$ amount	Symbol and/or certificate number or policy
	Shares/Unit <input type="checkbox"/>	Dollars <input type="checkbox"/>	Investment description	FOR USE BY RELINQUISHING INSTITUTION Delay delivery until (mm/dd/yy)
	In kind <input type="checkbox"/>	In cash <input type="checkbox"/>	Investment % or \$ amount	Symbol and/or certificate number or policy
	Shares/Unit <input type="checkbox"/>	Dollars <input type="checkbox"/>	Investment description	FOR USE BY RELINQUISHING INSTITUTION Delay delivery until (mm/dd/yy)
	In kind <input type="checkbox"/>	In cash <input type="checkbox"/>	Investment % or \$ amount	Symbol and/or certificate number or policy
	Shares/Unit <input type="checkbox"/>	Dollars <input type="checkbox"/>	Investment description	FOR USE BY RELINQUISHING INSTITUTION Delay delivery until (mm/dd/yy)
<b>D: Client authorization</b>	I hereby request the transfer of my account and its investments as described above.			
Irrevocable beneficiary: I consent to the transfer of the account.	<b>*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.</b>			
	Signature of account holder		Date (mm/dd/yy)	
<b>E: For use by relinquishing institution only</b>	Registered type <input type="checkbox"/> RRSP <input type="checkbox"/> LRSP <input type="checkbox"/> RRIF: <input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified <input type="checkbox"/> LRIF <input type="checkbox"/> LIF: <input type="checkbox"/> Federal <input type="checkbox"/> Old LIF <input type="checkbox"/> New LIF			
	<input type="checkbox"/> TFSA <input type="checkbox"/> RLSP <input type="checkbox"/> LIRA <input type="checkbox"/> RLIF <input type="checkbox"/> PRIF <input type="checkbox"/> FHSA <input type="checkbox"/> Non-Registered			
Spousal plan <input type="checkbox"/> No <input type="checkbox"/> Yes	Last name		First name	Social Insurance Number
<b>If yes, provide contributor's name and Social Insurance Number.</b>	Locked in <input type="checkbox"/> No <input type="checkbox"/> Yes – Locked-in confirmation attached.		Locked-in funds \$	Governing legislation
For LIF governed by AB, BC and ON and LRIF governed by MB, NL and ON: Plan value in January 1: \$ _____ Transfers out in current year: \$ _____ Transfers in current year: \$ _____ Income payments in current year: \$ _____	Contact name		Telephone number	Fax number
	Authorized Signature			Date (mm/dd/yy)
	Copy 1 – Relinquishing Institution		Copy 2 – Counsel Portfolio Services Inc.	Copy 3 – Representative    Copy 4 – Client

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PLEASE FAX TO COUNSEL PORTFOLIO SERVICES INC. AT | 866 766-6623