

**VALUE PARTNERS INVESTMENTS - TRANSFER AUTHORIZATION FOR NON-REGISTERED INVESTMENTS**

300-175 Hargrave, Winnipeg, MB R3C 3R8 T 866-323-4235/204-949-1697 F 204-949-1743  
(OPEN, JTWROS, JTIC, IN TRUST FOR)

This form can be used for transferring the non-registered plans listed above **except** (1) Estates, (2) Trusts, (3) Corporations.  
Data entered on this form may be stored electronically. Please print neatly to ensure completeness, accuracy, and machine readability.

**Section A: Client, Joint Holder, and ITF Identification**

Account/Policy Holder Last Name, First Name, Initial

Address Suite # City Province Postal Code

Social Insurance Number Date of Birth (DD/MM/YYYY) Business Telephone Number

Joint Holder Last Name, First Name, Initial (IF APPLICABLE)

Address (ONLY IF DIFFERENT FROM ABOVE) Suite # City Province Postal Code

ITF Last Name, First Name, Initial (IF APPLICABLE)

ITF Social Insurance Number ITF Date of Birth (DD/MM/YYYY)

**Section B: Receiving Institution Information**

Courier Delivery: Value Partners Investment Inc. Canada Post: Value Partners Investments P: 844-VPI-FUND (844-874-3863)  
c/o RBC Investor Services c/o RBC Investor Services F: 416-955-7769  
Shareholder Services Shareholder Services  
3rd Floor Imaging Team 3rd Floor Imaging Team  
155 Wellington Street West P.O. Box 7500, Station A  
Toronto, ON M5V 3L3 Toronto, ON M5W 1P9

Client Account/Policy Number

For use by Mutual Fund Brokers/Dealers only Dealer Name Dealer Number

Representative Name Representative Number

Business Telephone Number Business Fax Number Dealer Account Number

Non-Registered Account Type:

Individual  
JTWROS  
JTIC  
ITF

Investment Instructions:

| Investment | Symbol | FE% | \$/% Amount |
|------------|--------|-----|-------------|
|            |        |     |             |
|            |        |     |             |
|            |        |     |             |

**Section C: Client Direction to Relinquishing Institution**

Relinquishing Institution Name Address City Province Postal Code

Group Plan Number (if applicable)

Client Account/Policy Number

Transfer: (check one) All in cash\* All as is (in Kind) All assets\*, but mixed in Cash and as is (in Kind), Partial\* - as listed below or on attached list

\*Please refer to statement in bold in Client Authorization Section below. see list below or attached list

|                     |         |                        |   |
|---------------------|---------|------------------------|---|
| In Kind             | In Cash | Investments Amount     | Symbol and/or Certificate Number or Policy Number |
| Shares/Unit Dollars |         | Investment Description |   |
| In Kind             | In Cash | Investments Amount     | Symbol and/or Certificate Number or Policy Number |
| Shares/Unit Dollars |         | Investment Description |   |
| In Kind             | In Cash | Investments Amount     | Symbol and/or Certificate Number or Policy Number |
| Shares/Unit Dollars |         | Investment Description |   |

For use by Relinquishing Institution

Delay Delivery Until (DD/MM/YYYY)

Delay Delivery Until (DD/MM/YYYY)

**Section D: 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. PLEASE CANCEL ALL OPEN ORDERS (PAC, SWP ETC.) FOR MY ACCOUNT ON YOUR BOOKS.**

Signature of Account Holder

Date DD/MM/YYYY Irrevocable Beneficiary: I consent to the transfer of the account. Date DD/MM/YYYY

Signature of Irrevocable Beneficiary (if applicable)