



**VALUE
PARTNERS**
INVESTMENTS

TRANSFER: OPEN TO REGISTERED

TO: Value Partners Investments
C/O RBC Investor Services
155 Wellington St. W, 3rd Floor
Toronto, ON M5V3L3
Fax: 416-955-7769

FROM: Dealer # _____
Rep # _____
Contact: _____
Phone: _____

Account Owner Social Insurance # _____ Date of Birth (DD/MM/YYYY) _____

Address City Province Postal Code _____

Joint Holder (if applicable) Social Insurance # _____ Date of Birth (DD/MM/YYYY) _____

Please transfer the following funds **FROM** OPEN Account Number _____

Fund No.	Fund Name	Amount (\$, Units)	Amount Type (check)
			% \$ U
			% \$ U
			% \$ U

TO: Account Number _____ Account Registration _____

Fund No.	Fund Name	Amount (\$, Units)	Amount Type (check)
			% \$ U
			% \$ U
			% \$ U

I/we understand that the completion of the above request may result in capital gains being realized.

Date

Signature Guarantee

Account Owner's Signature

Joint Holder's Signature