



**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)

TO: Account Number _____ Account Registration **TFSA**

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

I/we authorize Value Partners to complete the above requested transfer subsequently with the following frequency:

Frequency (check one)			
<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Semi-Annually
<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually

Start Date: _____ Stop Date: _____

I/we understand that the completion of the above request may result in capital gains being realized. I also acknowledge that Value Partners does not monitor TFSA contributions and this request may result in an over-contribution in the current or future years.

Date

Signature Guarantee

Account Owner's Signature

Joint Holder's Signature