

**Investor Information**

Investor Name (please print)		Social Insurance Number	
Joint Investor Name (please print)		Social Insurance Number	
Address	City	Province	Postal
Home Phone	Alternate Phone	Email Address	

**Receiving Institution Information**

**Account Type** (select one):

Account Number	<b>RSP (Specimen Plan Number: 145-722)</b>
	RRSP                      Spousal/Common-Law Partner RRSP
	<b>TFSA (Specimen Plan Number 0145-0055)</b>
	TFSA <b>Non-Registered</b>
	Non-Registered

**Head Office**

**Alterna Bank    319 McRae Avenue, 2nd Floor, Ottawa, ON K1Z 0B9**  
**Attention: Alterna Bank Online Branch**

*Please make cheques payable to CS Alterna Bank*

**Investor Direction to Relinquishing Institution (Please attach a copy of the most recent Investor Statement)**

Relinquishing Institution Name	Account Number	Group Plan Number	
Address	City	Province	Postal
<b>Transfer</b> (select one):	All in kind (as is)	All in cash*	All Assets – mix in kind & in cash* (List Attached)
	<b>Partial* - Cash amount: \$_____ (or List Attached)</b>		

**Investor Authorization**

\* Where I have requested a Transfer in Cash, I authorize the liquidation of all or part of my investments. I agree to pay any applicable fees, charges, or adjustments.

*I hereby request the transfer of my account and its investments as described above.*

<b>X</b> _____	<b>X</b> _____	_____
Investor Signature	Joint Investor Signature	Date: (dd/mm/yyyy)

**For Use by Relinquishing Institution Only**

We have transferred \$ \_\_\_\_\_

Account Type	RRSP	TFSA	Non-Registered
Spousal/Common-Law Partner Contributions?	Yes	No	If yes, please complete the following:

Spousal or Common-Law Partner Name	Social Insurance Number
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Authorized Name	Authorized Signature	Date (dd/mm/yyyy)	Phone
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**Instructions – Send to Alterna Bank at the address below for processing CS Alterna Bank (“Alterna Bank”) •**

[www.alternabank.ca](http://www.alternabank.ca)

319 McRae Avenue, 2nd Floor, Ottawa, ON K1Z 0B9 | Tel: 1.866.560.0120 | Fax: 1.866.267.1064

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