



TRANSFER AUTHORIZATION FOR REGISTERED INVESTMENTS (RSP, RIF)
 1000 Yonge Street, Suite 200, Toronto, Ontario M4W 2K2
 Client Services: 905.214.8288 Or 1.866.818.8877
 Fax: 905.214.8100 or 1.866.877.9477
 www.edgepointwealth.com

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

1. Annuitant Information

Mr. Mrs. Ms. Dr. Preferred language of correspondence English or French

Last Name _____ First Name _____ Initial(s) _____
 Address _____ Social Insurance Number (Mandatory) _____
 Address _____ City _____ Province _____ Postal Code _____
 Home Telephone Number _____ Business Telephone Number _____ E-mail Address _____

2. Receiving Institution Information

For new accounts, please attach completed Edgepoint Account Application

Edgepoint Wealth Management Inc.
 c/o Citigroup Fund Services Canada Ltd.
 2920 Matheson Blvd East
 Mississauga, Ontario L4W 2J4

Registered Plan Type RRSP Spousal RRSP RRIF Spousal RRIF

Dealer Name _____ Dealer Number _____ Financial Advisor Signature _____
 Financial Advisor Name _____ Rep code _____ Telephone Number _____

Edgepoint Account Number _____

Investment Instruction

Portfolio Name	Fund Number	Amount (\$)	Amount (%)	SC %	LL
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
Special Instructions:					<input type="checkbox"/>

3. Client Direction to Relinquishing Institution

Relinquishing Institution Name _____
 Address _____ Client Account Number _____
 City _____ Province _____ Postal Code _____

Transfer (check one box only) All in cash* All assets*, but mixed in Cash and in Kind (for units of Edgepoint Portfolio funds only). See list below or attached list.
 All in Kind (for units of Edgepoint Portfolio only) Partial* as listed below or on attached list.
 *Please refer to statement in bold in Client Authorization section below

In Kind <input type="checkbox"/>	In Cash <input type="checkbox"/>	Investment Amount	Account Number or Policy Number
		Investment Description	
In Kind <input type="checkbox"/>	In Cash <input type="checkbox"/>	Investment Amount	Account Number or Policy Number
		Investment Description	
In Kind <input type="checkbox"/>	In Cash <input type="checkbox"/>	Investment Amount	Account Number or Policy Number
		Investment Description	

FOR USE BY RELINQUISHING INSTITUTION Delay Delivery Until DD/MM/YYYY
Delay Delivery Until DD/MM/YYYY
Delay Delivery Until DD/MM/YYYY

4. Client Authorization

I hereby request the transfer of my account and its investments as described above. I acknowledge that all investments in my Edgepoint RSP or Edgepoint RIF must be made through a registered Dealer and that the Dealer noted above is acting as my agent in the regard.
 *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.
 Irrevocable Beneficiary: I consent to the transfer of the account

Signature of Annuitant _____ Date _____ Signature of Irrevocable Beneficiary (if applicable) _____ Date _____

5. For Use By Relinquishing Institution Only

Registered Plan: RRSP RRIF Qualified Non Qualified Spousal Plan No Yes - if yes, complete Contributor information

Contributor Last Name _____ First Name _____ Initial(s) _____ Date of Birth _____ Social Insurance Number _____
 Contact Name _____ Telephone Number _____ Fax Number _____
 Authorized Signature _____ Date _____



EdgePoint Portfolios: Quick Reference
FUNDSERV MANAGEMENT COMPANY CODE: EDG

EDGEPOINT PORTFOLIOS	SERIES	FUND NUMBER (C\$)	SALES CHARGE OPTION
EdgePoint Global Portfolio	A	100	FE*
	B	300	LL**
	F	500	-
EdgePoint Global Growth & Income Portfolio	A	180	FE
	B	380	LL
	F	580	-
EdgePoint Canadian Portfolio	A	108	FE
	B	308	LL
	F	508	-
EdgePoint Canadian Growth & Income Portfolio	A	188	FE
	B	388	LL
	F	588	-

*Front End Sales Charge

**Low Load

CONTACT US

Head Office

EdgePoint Wealth
Management Inc.
1000 Yonge Street
Toronto, Ontario M4W 2K2
www.edgepointwealth.com
416.963.9353 or
1.866.757.7207
Fax: 416.963.5060 or
1.866.757.7287

Transfer Agency

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Management Inc.
c/o Citigroup Fund Services
Canada Ltd.
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