



TRANSFER AUTHORIZATION FOR REGISTERED INVESTMENTS (RSP, RIF, TFSA)
 EdgePoint Wealth Management Inc.
 c/o Citigroup Fund Services Canada Ltd.
 2920 Matheson Blvd East, Mississauga, Ontario L4W 5J4
 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, RIF to RIF transfers, and TFSA to TFSA 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. EdgePoint Account Number _____
 c/o Citigroup Fund Services Canada Ltd.
 2920 Matheson Blvd East
 Mississauga, Ontario L4W 5J4

Registered Plan Type RRSP Spousal RRSP RRIF Spousal RRIF TFSA

Dealer Name _____ Dealer Number _____ Financial Advisor Signature _____

Financial Advisor Name _____ Rep code _____ Telephone 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 | In Cash | Investment Amount | Account Number or Policy Number |
|--------------------------|--------------------------|------------------------|---------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | Investment Description | |
| <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | Investment Description | |
| <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | 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 RIF or TFSA must be made through a registered Dealer and that the Dealer noted above is acting as my agent in this 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 TFSA

Contributor Last Name _____ First Name _____ Initial(s) _____ Date of Birth _____ Social Insurance Number _____

Contact Name _____ Telephone Number _____ Fax Number _____

Authorized Signature _____ Date _____



TRANSFER AUTHORIZATION FOR REGISTERED INVESTMENTS (RSP, RIF, TFSA)
 EdgePoint Wealth Management Inc.
 c/o Citigroup Fund Services Canada Ltd.
 2920 Matheson Blvd East, Mississauga, Ontario L4W 5J4
 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, RIF to RIF transfers, and TFSA to TFSA 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. EdgePoint Account Number _____
 c/o Citigroup Fund Services Canada Ltd.
 2920 Matheson Blvd East
 Mississauga, Ontario L4W 5J4

Registered Plan Type RRSP Spousal RRSP RRIF Spousal RRIF TFSA

Dealer Name _____ Dealer Number _____ Financial Advisor Signature _____

Financial Advisor Name _____ Rep code _____ Telephone 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 | In Cash | Investment Amount | Account Number or Policy Number |
|--------------------------|--------------------------|------------------------|---------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | Investment Description | |
| <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | Investment Description | |
| <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | 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 RIF or TFSA must be made through a registered Dealer and that the Dealer noted above is acting as my agent in this 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 TFSA

Contributor Last Name _____ First Name _____ Initial(s) _____ Date of Birth _____ Social Insurance Number _____

Contact Name _____ Telephone Number _____ Fax Number _____

Authorized Signature _____ Date _____



TRANSFER AUTHORIZATION FOR REGISTERED INVESTMENTS (RSP, RIF, TFSA)
 EdgePoint Wealth Management Inc.
 c/o Citigroup Fund Services Canada Ltd.
 2920 Matheson Blvd East, Mississauga, Ontario L4W 5J4
 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, RIF to RIF transfers, and TFSA to TFSA 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. EdgePoint Account Number _____
 c/o Citigroup Fund Services Canada Ltd.
 2920 Matheson Blvd East
 Mississauga, Ontario L4W 5J4

Registered Plan Type RRSP Spousal RRSP RRIF Spousal RRIF TFSA

Dealer Name _____ Dealer Number _____ Financial Advisor Signature _____

Financial Advisor Name _____ Rep code _____ Telephone 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 | In Cash | Investment Amount | Account Number or Policy Number |
|--------------------------|--------------------------|------------------------|---------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Investment Description | |
| <input type="checkbox"/> | <input type="checkbox"/> | Investment Description | |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 RIF or TFSA must be made through a registered Dealer and that the Dealer noted above is acting as my agent in this 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 TFSA

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\$) | Non-HST | | SALES CHARGE OPTION |
|---|--------|-------------------------|---------|-------------------------|------------------------|
| | | | SERIES | FUND NUMBER (C\$) | |
| EdgePoint Global Portfolio | A | 100 | A (N) | 1001 | FE* |
| | B | 300 | B (N) | 3001 | LL** |
| | F | 500 | F (N) | 5001 | - |
| EdgePoint Global Growth & Income Portfolio | A | 180 | A (N) | 1801 | FE |
| | B | 380 | B (N) | 3801 | LL |
| | F | 580 | F (N) | 5801 | - |
| EdgePoint Canadian Portfolio | A | 108 | A (N) | 1081 | FE |
| | B | 308 | B (N) | 3081 | LL |
| | F | 508 | F (N) | 5081 | - |
| EdgePoint Canadian Growth & Income Portfolio | A | 188 | A (N) | 1881 | FE |
| | B | 388 | B (N) | 3881 | LL |
| | F | 588 | F (N) | 5881 | - |

The non-HST series is available only to investors residing in non-HST participating provinces and territories.

*Front End Sales Charge

**Low Load

CONTACT US

Head Office

EdgePoint Wealth
Management Inc.
1000 Yonge Street, Suite 200
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

EdgePoint Wealth
Management Inc.
c/o Citigroup Fund Services
Canada Ltd.
2920 Matheson Blvd East
Mississauga, Ontario L4W 5J4

Client Services

905.214.8288 or
1.866.818.8877
Fax: 905.214.8100 or
1.866.877.9477