



Polish Credit Union

St. Stanislaus - St. Casimir's Polish Parishes Credit Union Limited

220 Roncesvalles Avenue, Toronto, ON M6R 2L7

Tel. 416.236.1225 • Toll Free: 1.888.558.5506 • www.polcu.com

TRANSFER AUTHORIZATION FOR REGISTERED INVESTMENTS

RRSP, RRIF, TFSA

A: CLIENT IDENTIFICATION	<table border="1"> <tr> <td>LAST NAME</td> <td>FIRST NAME</td> <td>INITIAL</td> </tr> </table> ADDRESS: _____ Apt. _____ CITY _____ PROVINCE _____ POSTAL CODE _____ SOCIAL INSURANCE NUMBER: _____ - _____ - _____ TEL. _____	LAST NAME	FIRST NAME	INITIAL
LAST NAME	FIRST NAME	INITIAL		
B: RECEIVING INSTITUTION INFORMATION	ST. STANISLAUS – ST. CASIMIR’S POLISH PARISHES CREDIT UNION LTD. Tel. 1.888.558.5506 BRANCH TRANSIT _____ FAX _____ NAME OF BRANCH CONTACT: _____ BRANCH ADDRESS: _____ CITY _____ PROVINCE _____ POSTAL CODE _____ TRANSFER TO REGISTERED PLAN TYPE: <input type="checkbox"/> RRSP <input type="checkbox"/> RRIF <input type="checkbox"/> TFSA AUTHORIZED SIGNATURE _____ DATE: _____			
C: CLIENT DIRECTION TO INSTITUTION RELEASING FUNDS	RELINQUISHING INSTITUTION NAME: _____ ADDRESS: _____ Apt. _____ CITY _____ PROVINCE _____ POSTAL CODE _____ TRANSFER FROM PLAN OR ACCOUNT NUMBER: _____ TYPE OF REGISTERED PLAN TO BE TRANSFERRED: <input type="checkbox"/> RRSP <input type="checkbox"/> SPOUSAL RRSP <input type="checkbox"/> RRIF <input type="checkbox"/> TFSA <input type="checkbox"/> LRSP <input type="checkbox"/> LRIF <input type="checkbox"/> LIF <input type="checkbox"/> PRIF <input type="checkbox"/> OTHER _____ <input type="checkbox"/> ALL OF THE PROPERTY IN THE PLAN IDENTIFIED ABOVE <input type="checkbox"/> IN CASH <input type="checkbox"/> IN KIND or <input type="checkbox"/> THE LUMP SUM OF \$ _____			
D: CLIENT AUTHORIZATION	I HEREBY REQUEST THE TRANSFER OF MY ACCOUNT AND ITS INVESTMENTS AS DESCRIBED ABOVE. I AGREE TO PAY ANY APPLICABLE FEES, CHARGES OR ADJUSTMENTS. SIGNATURE OF ACCOUNT HOLDER _____ DATE _____			
E: FOR USE BY INSTITUTION RELEASING FUNDS ONLY	REGISTERED TYPE: <input type="checkbox"/> RRSP <input type="checkbox"/> LIRA <input type="checkbox"/> LRSP <input type="checkbox"/> QUALIFYING RRIF <input type="checkbox"/> NON QUALIFYING RRIF <input type="checkbox"/> LRIF <input type="checkbox"/> LIF <input type="checkbox"/> PRIF <input type="checkbox"/> TFSA SPOUSAL PLAN: <input type="checkbox"/> NO <input type="checkbox"/> YES - if yes: LAST NAME (Spouse) _____ SIN: _____ - _____ - _____ FIRST NAME (Spouse) _____ LOCKED IN: <input type="checkbox"/> NO <input type="checkbox"/> YES - Locked-in Funds \$ _____ Governing Legislation _____ CONTACT NAME: _____ TEL. _____ FAX: _____ AUTHORIZED SIGNATURE _____ DATE _____			