



TAX FREE SAVINGS ACCOUNT TRANSFER-IN FORM

30 ST. CLAIR AVE. W., SUITE 700,
TORONTO ONTARIO M4V 3A1
TEL: 416-515-7000 TOLL FREE: 1-866-407-0004 FAX: 416-515-7001

ACCOUNT HOLDER INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TITLE	FIRST NAME	INITIAL	LAST NAME	DATE OF BIRTH (MMM DD YYYY)	SOCIAL INSURANCE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET ADDRESS	SUITE/UNIT	CITY / TOWN	PROVINCE	POSTAL CODE	

TRANSFER FROM

I WISH TO TRANSFER "IN CASH"

MY ENTIRE BALANCE **OR** A PARTIAL BALANCE OF \$ FROM MY TFSA ACCOUNT WITH THE FOLLOWING INSTITUTION

FINANCIAL INSTITUTION NAME

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET ADDRESS	SUITE/UNIT	CITY / TOWN	PROVINCE	POSTAL CODE

ACCOUNT HOLDER SAME ACCOUNT HOLDER AS ABOVE SUCCESSOR TRANSFER- DUE TO DEATH OF ACCOUNT HOLDER-

TFSA ACCOUNT NUMBER NAME OF DECEASED

TRANSFER TO EQUITABLE BANK- TFSA Speciman Plan Number 06430011

PLEASE TRANSFER MY TFSA PROCEEDS, **PAYABLE TO "EQUITABLE BANK ITF"** TO:

EQUITABLE BANK, 30 ST. CLAIR AVE WEST SUITE 700, TORONTO ONTARIO M4V 3A1

OR

ENTER DEPOSIT BROKER NAME & ADDRESS

PAYABLE TO EQUITABLE BANK ITF- C/O

FOR CREDIT TO:

MY EXISTING EQUITABLE BANK TFSA PLAN NUMBER FOR A TERM OF DAYS YEARS

ENTER THE EQUITABLE BANK TFSA PLAN NUMBER

MY NEW EQUITABLE BANK TFSA ACCOUNT- **NEW APPLICATION ATTACHED WITH INVESTMENT INSTRUCTIONS**

THE INVESTMENT WILL COMMENCE ON THE DAY FUNDS ARE RECEIVED AT EQUITABLE BANK, AT THE GREATER OF THAT DAYS POSTED ANNUAL INTEREST RATE FOR THE TERM SELECTED OR YOUR RATE GUARANTEE IF A GUARANTEED ANNUAL INTEREST RATE WAS AGREED TO AND THE FUNDS ARE RECEIVED PRIOR TO THE EXPIRY DATE.

APPLICANT SIGNATURE _____

DATE (MMM DD YYYY) _____

TRANSFERRING FINANCIAL INSTITUTION USE ONLY

TOTAL AMOUNT TRANSFERRED \$

AUTHORIZED SIGNATURE _____ POSITION _____ CONTACT NUMBER _____ DATE (MMM DD YYYY) _____

TRANSFER RECEIVED AND CREDITED UNDER SPECIMEN PLAN 06430011 TO THE APPLICANT'S ACCOUNT

AUTHORIZED SIGNATURE _____ NAME _____ PLAN NUMBER _____ CIF _____ DATE (MMM DD YYYY) _____