



LOCKED-IN FUNDS (TRANSFERS-OUT) – COMPLIANCE INFORMATION AND ACKNOWLEDGEMENT

This form replaces T2151 and T2033 and should be used when transferring locked-in funds from a Registered Group Plan with RBC Investor Services Trust.

SECTION 1: Sponsor of plan sending funds and Plan Member to complete this section and retain copy 3. Please forward copies 1 and 2 to financial institution receiving funds.

MEMBER'S LAST NAME, FIRST NAME AND INITIAL

MR. MRS. MS. MISS

STREET ADDRESS

APT	CITY
PROVINCE / COUNTRY	POSTAL CODE / ZIP CODE
DATE OF BIRTH	SOCIAL INSURANCE NUMBER
SPOUSE'S NAME	SOCIAL INSURANCE NUMBER
DATE OF BIRTH	

I request the direct transfer of my locked-in funds from a _____ (type of plan, e.g. registered pension plan, locked-in RRSP, locked-in retirement account, etc.)
to a _____ (type of plan, e.g. registered pension plan, locked-in RRSP, locked-in retirement account, etc.)

- I am a Member of the Registered Pension Plan (RPP).
- I am a beneficiary spouse requesting a transfer because of the death of a Member of the RPP.
- I am a former spouse of a Member of the RPP requesting a transfer because of marriage or relationship breakdown.

NAME OF PENSION PLAN	PLAN REGISTRATION NO.
SIGNATURE	DATE

Please see reverse side of this form for explanations and instructions on how to complete this section.

FUNDS TO BE TRANSFERRED	GOVERNING PENSION LEGISLATION	MEMBER'S PROVINCE OF EMPLOYMENT

In jurisdictions where unisex rates must be used, are all funds to be applied on a unisex basis? Yes No

If no, how much should be applied on a unisex basis? _____ % or _____

What is the earliest age pension payments may begin? _____

FINANCIAL INSTITUTION RECEIVING FUNDS

FINANCIAL INSTITUTION	DATE	
STREET ADDRESS		
CITY	PROVINCE	POSTAL CODE

CERTIFICATION BY PLAN SPONSOR

I hereby certify that this information is accurate and complete.

COMPANY	TEL
AUTHORIZED OFFICER	DATE
SIGNATURE OF AUTHORIZED OFFICER	

SECTION 2: To be completed by the financial institution receiving the funds prior to the transfer of funds.

ACKNOWLEDGEMENT: We acknowledge that the funds to be transferred from RBC Investor Services are subject to the restrictions governing locked-in funds and confirm that the funds will be administered in accordance with the provisions and regulations of the governing pension legislation indicated above. We understand that the funds will not be transferred until this signed acknowledgement is returned to the RBC Investor Services address shown below.

PLEASE SIGN HERE

FINANCIAL INSTITUTION	TEL
NAME OF PLAN	ACCOUNT NO.
AUTHORIZED OFFICER	DATE
TITLE OF AUTHORIZED OFFICER	
SIGNATURE OF AUTHORIZED OFFICER	

Return to RBC Investor Services Trust at the address indicated here and retain a copy for your records.

RBC INVESTOR SERVICES TRUST DEPARTMENT TRANSFERRING FUNDS
Benefit Payment Services, 155 Wellington Street West, 3rd Floor, Toronto ON M5V 3L3