

### 1. Client Identification

Last Name		First Name		Initial(s)	
Street Address		Apt/Suite	City	Province	Postal Code
Social Insurance Number	Home Phone		Work Phone		

### 2. Receiving Institution

Foresters Asset Management Inc.  
c/o RBC Investor and Treasury Services  
Shareholder Services  
155 Wellington Street West, 3rd Floor  
Toronto, ON M5V 3L3  
Phone: 866.462.9946  
Fax: 866.716.2977

Dealer Name	Dealer Code
Investment Professional's Name	Rep Code
<b>Registration Type:</b> <input type="checkbox"/> RSP <input type="checkbox"/> SPOUSAL RSP <input type="checkbox"/> LIRA/LRSP <input type="checkbox"/> RIF <input type="checkbox"/> LIF <input type="checkbox"/> PRIF <input type="checkbox"/> RLSP <input type="checkbox"/> RLIF <input type="checkbox"/> TFSA <input type="checkbox"/> Non-registered	
Account Number	Specimen Plan Number

#### Investment Instructions:

Fund Name	Fund Code	Investment <input type="checkbox"/> \$ or <input type="checkbox"/> %	Sales Charge% <i>(Initial Sales Charge only)</i>
<b>TOTAL INVESTMENT AMOUNT</b>		<b>\$ 100%</b>	

### Locked-In Funds Confirmation

**FORESTERS ASSET MANAGEMENT INC. AS AGENT FOR THE ROYAL TRUST COMPANY** agrees to administer any locked-in funds transferred under this transfer authorization according to the governing pension legislation indicated in Section 5 below.

Authorized Signature



### 3. Client's Direction to Relinquishing Institution

Relinquishing Institution's Name			
Address		City	Province
Investor Account Number		Group Plan Number (if applicable)	

#### Transfers: (check one box only):

All in cash\*    All in kind    All assets\*, but mixed in cash and in kind    Partial\* – as listed below or on attached list

Fund Code	Investment Name	Account Number	Amount	<input type="checkbox"/> In Kind	<input type="checkbox"/> In Cash

For use by  
relinquishing institution

Delay delivery until (dd/mm/yy)

Delay delivery until (dd/mm/yy)

Delay delivery until (dd/mm/yy)

### 4. Client Authorization

I hereby request the transfer of my account and its investments as described above.

\*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, taxes, charges or adjustments.

Client Signature	Date (dd/mm/yy)
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### 5. For Use By Relinquishing Institution Only

#### Registration Type:

RSP    LIRA    LRSP    Qualified RIF    Non Qualified RIF    New Ontario LIF    LIF    RLSP    RLIF    TFSA    Non-registered

Year-to-date Investment Return \_\_\_\_\_ (Required when the governing legislation is either Ontario or Alberta)

#### Spousal RSP:

No    Yes – if yes, complete →

Last Name	First Name	Initial(s)	Social Insurance Number
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#### Locked-in:

No    Yes – if yes, attach locked-in confirmation

Amount	Jurisdiction Governing Funds
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Contact Name	Telephone Number	Fax Number
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Authorized Signature	Date (dd/mm/yy)
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Foresters Asset Management Inc. c/o RBC Investor and Treasury Services  
Shareholder Services 3rd Floor Imaging Team 155 Wellington Street West Toronto, Ontario, M5V 3L3 • Tel: 866-462-9946 • Fax: 866.716.2977.