ABC FUNDS
I.A. MICHAEL INVESTMENT COUNSEL LTD.

Phone: 416-365-9696 / 888-673-6222
Fax: 416-365-9705 www.abcfunds.com

TRANSFER AUTHORIZATION for REGISTERED INVESTMENTS and TFSA's

Complete this form to transfer an existing account or funds into a new or existing account at RBC Investor Services (c/o I.A. Michael Investment Counsel). We require one form for each account you are looking to transfer. Client must complete areas A-E. If this is a new holding, please ensure an Offering Memorandum is included.

Completed form to: ABC Funds
18 King Street East, Suite 1010,
Toronto, Ontario M5C 1C4

Area A: Accountholder Information

Salutation

First Name

Last Name

Address

Social Insurance #

Date of Birth (mm/dd/yy) / /

Home Phone # ( ) -

City, Province

Office Phone # ( ) - x

Postal Code, Country

Area B: Relinquishing Institution (please attach a photocopy of your last statement for this account)

Name of Institution

Account Number

Transfer Department Mailing Address: This may be different than the address on your statement

City, Province, Postal Code

Area C: Transfer Instructions

Please indicate what you would like to transfer from this account
Check ONE box that represents your request:

- ☐ All assets in the account, transferred IN CASH
- ☐ Partial transfer IN CASH (specify investments in table to the right)
- ☐ Only transfer ABC Fund assets IN KIND

For partial transfers only, please provide the details of what you wish to transfer. If you require more room, attach a list.

Name of Investment	Amount
	$
	$

Area D: Transfer to RBC I.S. c/o I.A. Michael Investment Counsel, 18 King St. E., Suite 1010, Toronto, ON, M5C 1C4

If proceeds of transfer go into **NEW** RBC I.S. Account:
Complete the application for the type of account you are opening:

☐ RRSP Application
or ☐ RRIF Application
or ☐ TFSA Application

Select destination fund:
☐ FMF ☐ FVF ☐ AVF
☐ NAEF ☐ GAF

If proceeds of transfer go into **EXISTING** RBC I.S. Account:

Account Number:

Select destination fund:
☐ FMF ☐ FVF
☐ AVF ☐ NAEF
☐ GAF

Area E: Client Authorization

I hereby request the transfer of my account and its investments as described above. Please cancel all open orders (G.T.C./SWF/PAC, etc) for my account(s) on your books. Where I have selected a Transfer IN CASH, I authorize the liquidation of all or part of my investments. I agree to pay any applicable fees, charges or adjustments. These instructions are given subject to the receiving institution's approval of my account(s).

Signature of Account Holder:

Date (mm/dd/yy): / /

Area F: For Use by Relinquishing Institution Only

Amount transferred:
$

Registered Type:
☐ RSP ☐ LRSP ☐ LIRA ☐ Qualified RIF ☐ TFSA
☐ RIF ☐ LIF ☐ PRIF ☐ Non-Qualified RIF

Is this account a Spousal/Common-Law partner Plan? ❑ No ❑ Yes if yes, please complete the following information:

Name of contributor: S.I.N.

Locked-In funds: ❑ No ❑ Yes: If yes, amount $______________ in locked-in funds. Governing legislation: ________ Confirmation attached

Contact Name:

Tel:

Fax:

Authorized Signature: