



ABC Funds™  
INVEST YOUR MONEY  
WHERE WE INVEST OURS

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

<p>If proceeds of transfer go into <b>NEW</b> RBC I.S. Account: Complete the application for the type of account you are opening:</p> <p><input type="checkbox"/> RRSP Application      Select destination fund: or <input type="checkbox"/> RRIF Application      <input type="checkbox"/> FMF   <input type="checkbox"/> FVF   <input type="checkbox"/> AVF or <input type="checkbox"/> TFSA Application      <input type="checkbox"/> NAEF   <input type="checkbox"/> GAF</p>	<p>If proceeds of transfer go into <b>EXISTING</b> RBC I.S. Account: Select destination fund:</p> <p>Account: <input type="checkbox"/> FMF   <input type="checkbox"/> FVF Number: <input type="checkbox"/> AVF   <input type="checkbox"/> NAEF <input type="checkbox"/> GAF</p>
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#### 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: \_\_\_\_\_