

This form is to be used when requesting the transfer of RRSPs/RRIFs/TFSA's. Please return this form, and any applicable attachments, with the cheques made payable to AcceleRate Financial. Please note that AcceleRate Financial is not accepting locked-in transfers at this time.

I. ANNUITANT REQUEST

Participant (Annuitant) Name _____ Social Insurance Number (SIN) _____ Phone Number _____

Address _____

Name and Address of RRSP Issuer/RRIF Carrier/TFSA Carrier _____

Contract # _____ Deposit # _____ Maturing Date _____

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PLEASE TRANSFER IN CASH: all of the property lump sum of \$ _____

From the above RRSP RRIF TFSA To Contract # _____ at AcceleRate Financial

PO Box 1860 Stn Main, Winnipeg, MB R3C 2R1 Phone: 1-204-954-9543 Toll Free: 1-888-954-9543

Credit Union Retirement Savings Plan RSP 145-658 TRUSTEE: Concentra Trust

Credit Union Retirement Income Plan RIF 988 TRUSTEE: Concentra Trust

Credit Union Tax Free Savings Account TFSA 01450014 TRUSTEE: Concentra Trust

Date _____ Annuitant's Signature _____ or see attached letter

Certified by: _____ Date: _____
Authorized Signature of Transferee

II. TRANSFEROR

Amount Transferred: \$ _____ (Transferor to issue a T4RIF on transfers from RRIF to RRSP.)

Spousal Contributions: No
 Yes -- Contributor Name _____ SIN: _____

For RRIF to RRSP/RRIF Transfers
- We have paid the Annuitant the annual minimum amount for the year No Yes
- The transfer is from a Qualifying Pre - 1993 RRIF No Yes

Pension Lock-In No
 Yes -- Pension Jurisdiction _____ (if provincial, this is the province where the employee terminated employment).

\$ _____ of the amount transferred is locked-in under the pension jurisdiction above noted and must continue to be administered accordingly.
Have funds been held in a LIF/LRIF in year of transfer? No Yes

Funds originated from _____ Pension Plan

Name/Address of Pension Plan Administrator: _____

Year funds transferred out of pension plan: _____

Annuity Rates: \$ _____ (Unisex) \$ _____ (Sex Distinct)

Pension Plan Specified Retirement Age: _____

Date _____ Authorized Signature of Transferor _____ Position _____



Please complete the Direct Transfer-In of RRSP/RRIF/TFSA form and return it to AcceleRate Financial along with these investment instructions.

Variable RRSP

Variable RRIF

Variable TFSA

Compounding RRSP GIC/ RRIF GIC/ TFSA GIC

Select GIC Term

1 Year 2 Year 3 Year 4 Year 5 Year 6 Year 7 Year

Signature
