



Authorization to Transfer Non-Registered Account

RECEIVING INSTITUTION INFORMATION:

Canadian ShareOwner Investments Inc.
4 King Street West, Suite 806
Toronto, ON M5H 1B6
Phone # (416) 595-7200
FINS # T003
E-mail: customercare@ShareOwner.com

RELINQUISHING INSTITUTION INFORMATION:

Name: _____ FINS # _____
Address: _____
City: _____ Province _____ Postal Code _____

Account Owner Identification - Please fill this section out completely Mr. Mrs. Ms. Dr.

Last Name _____ First Name _____
Address _____
City _____ Province _____ Postal Code _____
Social Insurance Number _____ Home Telephone _____ Business Telephone _____
CSII Account Number (if applicable) _____ E-mail _____

Account Owner Direction to Relinquishing Institution - Please fill this section out completely

Account Number _____

Transfer (check one box only) All in Kind (as is) All in cash* Partial* -as listed below or attached list. All assets* -but mixed in cash and in Kind (as is) see list below or attached list List Attached

| | | | |
|---------------------------|-------------------------------------|-------------------------|---|
| In Kind { or Cash { | <input type="checkbox"/> Dollars | Investments Amount | Symbol and or Certificate Number or Policy Number |
| | <input type="checkbox"/> Shrs/Units | _____ | _____ |
| Cash { | <input type="checkbox"/> Dollars | Investments Description | _____ |
| | <input type="checkbox"/> Shrs/Units | _____ | _____ |
| In Kind { or Cash { | <input type="checkbox"/> Dollars | Investments Amount | Symbol and or Certificate Number or Policy Number |
| | <input type="checkbox"/> Shrs/Units | _____ | _____ |
| Cash { | <input type="checkbox"/> Dollars | Investments Description | _____ |
| | <input type="checkbox"/> Shrs/Units | _____ | _____ |
| In Kind { or Cash { | <input type="checkbox"/> Dollars | Investments Amount | Symbol and or Certificate Number or Policy Number |
| | <input type="checkbox"/> Shrs/Units | _____ | _____ |
| Cash { | <input type="checkbox"/> Dollars | Investments Description | _____ |
| | <input type="checkbox"/> Shrs/Units | _____ | _____ |

Account Owner Authorization - Please fill this section out completely

I hereby request a transfer of my account(s) as directed above. Please cancel all open orders (G.T.C./SWP/PAC etc.)/for my accounts(s) on your books. *Where I have requested 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 (as per disclosure on reverse.)



Signature of Account Owner: _____ Date mm/dd/yy _____
I have read the disclosure and authorize transfer as above.