UV INSURANCE

INVESTMENT

Direct transfer under subsection 146.3(14.1) or paragraph 146(16)(a) or 146.3(2)(e)

T2033 - EQC008

Important: Fill out in block letters and answer each section as accurately as possible.

Section A – Collection, Use and Disclosure of Personal Information

The personal information we collect in this form allows UV Insurance to process your request for a transfer of funds.

Your personal information is used to:

- Identify you;
- Establish and update your profile and your needs and goals;
- Comply with legal and regulatory requirements (in particular to prevent, detect or prosecute offences, cyber threats and fraud).

The information disclosed on this form will be shared with the UV Insurance staff responsible for processing your request regarding the funds in the aforementioned contract and with any other person authorized by law.

Section B – Authorization to transfer registered or non-registered investments

This form may be used for transfers between registered and non-registered plans **EXCEPT FOR** transfers:

- from a RRIF to an RRSP
- from a RRIF or an RRSP to a TFSA
- from a TFSA to a RRIF or an RRSP
- due to death
- due to marriage breakdown

1. Annuitant's first name _____ Last name _____
2. Social insurance number |_|_|_| |_|_|_| |_|_|_| 3. Phone |_|_|_| |_|_|_|-|_|_|_|_|
4. Address _____ Apt. _____

   City _____ Province _____ Postal code _____

Section C – Client instructions to the transferring institution

1. Name of the institution transferring the funds _____
2. Address _____

   City _____ Province _____ Postal code _____
3. Customer contract # _____ 4. Group plan n# (if applicable) _____
5. Investment certificate # _____
6. Transfer ☐ Total in cash ☐ Partial in cash Amount of the investment _____

UV Insurance accepts the direct transfer requested above. Upon reception of the property, UV Insurance will credit it to the annuitant or member under the plan, fund or arrangement identified in Section C of Part 1. If the plan, fund or arrangement is an RRSP, a RRIF or a TFSA that conforms to a specimen, it will conform with the specimen identified as:

Specimen number _____ and name _____

UV Assurance will check the plan, fund or arrangement identification in Section C of Part 1 and add or correct information as necessary.

The plan, fund or arrangement is registered under the ***Income Tax Act*** (Canada). Otherwise, UV Insurance will apply for such registration according to Information Circulars 72-22 or 78-18.

Transferee's name: **UV Insurance**

X _____ Date |_Y_|_M_|_D_|

Signature of person authorized at UV Assurance

Position or office at UV Insurance _____

Section D – Information on the institution receiving the funds

This section is to be completed by the advisor

Make your cheque payable to UV Insurance and send it to: P.O. Box 696, Drummondville, Quebec J2B 6W9

1. Contract # _____
2. Investment type ☐ RRSP ☐ Joint RRSP ☐ RRIF ☐ Joint RRIF ☐ TFSA ☐ LIRA ☐ LIF ☐ Non-registered (open)
3. Retirement jurisdiction _____

UV Insurance agrees to manage all locked-in funds transferred pursuant to this transfer authorization in accordance with the laws governing pensions in the jurisdiction specified above. Any subsequent transfer of these locked-in funds to another trust or financial institution shall be made only to another registered plan, which shall continue to be administered in accordance with the requirements of the applicable jurisdiction. No transfer of locked-in funds will be authorized unless the receiving plan is properly registered and authorized and complies with applicable pension legislation and regulations, as well as the *Income Tax Act* (Canada).

Section E – Transferor (reserved for the transferring institution)

To be completed by the transferring institution or attach a letter confirming the original contract information.

Type of investment

☐ RRSP*	☐ LIRA	☐ LIF	☐ VRSP	☐ Locked-in RRSP	☐ RRIF* → ☐ Eligible ☐ Ineligible
☐ PRIF	☐ TFSA	☐ RLIF	☐ RLSP	☐ Non-registered	

* Spousal benefit plan ☐ Yes ☐ No If yes, provide the required details below:

1. Spouse's first name _____ Last name _____
2. Social insurance number ___ ___ ___
3. Sex at birth ☐ Male ☐ Female
4. If the spouse's consent or waiver form is attached, check here ☐

Locked-in funds

1. Locked-in fund ☐ Yes ☐ No If **Yes**, provide the required details below:
   - a) Locked-in funds (amount) $ _____ Applicable law _____
   - b) Amount paid in year of the transfer $ _____

Section F – Consent and Signature

By signing, you understand that if any of your personal information is inaccurate, incomplete or ambiguous, you may request a correction by submitting a request to UV Insurance. You also have the right to request information about how your personal information is used.

In addition, you may withdraw your consent to the disclosure or use of your personal information at any time by making a request to the UV Insurance Privacy Officer at the following address: 1990 Jean-Berchmans-Michaud Street, Drummondville, QC J2C 7G7.

For more details, please visit our website and see our **Privacy Policy.**

The undersigned confirms that they have reviewed the above information and agree to the collection, use and disclosure of the personal information contained herein. This consent also applies to the collection, use and disclosure of the beneficiaries' personal information, and the undersigned confirms that prior consent has been obtained from such beneficiaries.

Signatures

By signing below, the undersigned certifies that the information provided is complete and true and that a photocopy of this document is of the same value as the original.

X _____ _____ Date Y M D

Signature of the owner (annuitant) Signatory's name in block letters

X _____ _____ Date Y M D

Signature of irrevocable beneficiary (if applicable) Signatory's name in block letters

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