



Direct Transfer-In

Please return the completed form with cheque, and any attachments, to Implicit Financial.

Part I- Annuitant/Holder Request

| | | |
|--|---|---|
| <input style="width: 95%;" type="text"/> Name | <input style="width: 95%;" type="text"/> Social Insurance Number | <input style="width: 95%;" type="text"/> Telephone |
| <input style="width: 98%;" type="text"/> Address | | |
| PLEASE TRANSFER IN CASH: <input type="checkbox"/> all the property, OR, <input type="checkbox"/> lump sum of \$ <input style="width: 100px;" type="text"/> | | |
| FROM: <input type="checkbox"/> Tax Free Savings Account <input type="checkbox"/> Registered Retirement Savings Plan <input type="checkbox"/> Registered Retirement Income Fund | | |
| <input style="width: 98%;" type="text"/> Transferor Institution Name, Address and Phone Number | | |
| <input style="width: 200px;" type="text"/> Contract or Plan Number | <input style="width: 200px;" type="text"/> TFSA/RRSP/RRIF Account Number | <input style="width: 200px;" type="text"/> Maturity Date, if applicable (DD/MM/YYYY) |

| | |
|--|--|
| TO: Contract Number <input style="width: 150px;" type="text"/> | at Implicit Financial P.O. Box 58040, Bishop Grandin Blvd. Winnipeg, MB R2M 2R6 |
| Check applicable specimen plan (Trustee: Concentra Trust) | <input type="checkbox"/> Implicit Tax Free Savings Account TFSA 01450493 <input type="checkbox"/> Registered Retirement Savings Plan RRSP 145-658 <input type="checkbox"/> Registered Retirement Income Fund RRIF 0988 |

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.

Date: (DD/MM/YYYY) Annuitant/Holder Signature _____ OR, see attached letter

Certified By: _____ **Implicit Financial, a division of Entegra Credit Union Limited**
 (Authorized Signature of Transferee) (Credit Union name)

Telephone: 1-855-594-0990

Part II - Transferring Institution

Amount Transferred:

Spousal Contributions:

Yes

No

If YES, please complete:

Contributor Name

Social Insurance Number

FOR RRIF TRANSFERS:

We have paid or will pay the annuitant/holder the annual minimum amount for the year:

Yes

No

The transfer is from a qualifying pre-1993 RRIF:

Yes

No

(Authorized Signature of transferring Financial Institution)

(Please print name and title)

Date:

(DD/MM/YYYY)