

Authorization to Transfer

1: Client Information

Name (first, middle, last)	Date of birth (mm/dd/yyyy)	Social Insurance Number
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For Joint Account: Name (first, middle, last)	Date of birth (mm/dd/yyyy)	Social Insurance Number
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In trust for (if applicable): _____

Mailing address: _____

City: _____ Prov. _____ Postal Code _____

Telephone number (h): () _____ Telephone number (w): () _____

2. Client Direction to Delivering Institution

Name of delivering institution:	Account #
Mailing address:	
City: _____ Prov. _____ Postal Code _____	

Please indicate the amount you would like transferred from the above account and attach a copy of a recent statement:

- Partial transfer, in cash (indicate the names of the investments to be sold)
- All assets, in cash
- All Leith Wheeler Investment funds only, in kind

If assets being transferred have a specific maturity date, please specify:
(mm/dd/yyyy): ____ / ____ / ____

For partial transfer, please specify:

Name of investment	Amount
1.	\$
2.	\$
3.	\$
4.	\$
Total	\$

3. Receiving Institution

“Leith Wheeler Investment Counsel Ltd.” 1500-400 Burrard Street Vancouver, BC V6C 3A6
NOTE: Make cheque **payable to CIBC Mellon** (custodian)

Account name:	Account#
Contact name:	Tel: 604-683-3391 Fax: 604-683-0323

4. Client Authorization

I acknowledge that if I have requested a cash transfer, all or part of my investments will be sold and I agree to pay any fees or charges that may apply. The transfer may take up to approximately 6 weeks. A capital gain/loss may be triggered by sales.

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____