

# Authorization to Transfer to a Tax Free Savings Account (TFSA)

## 1: Client Information

Name (first, middle, last)	Date of birth (mm/dd/yyyy)	Social Insurance Number
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:	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**

Name of investment	Amount
1.	\$
2.	\$
3.	\$
4.	\$
<b>Total</b>	<b>\$</b>

## 3. Receiving Institution

**"Leith Wheeler Investment Funds Ltd."** 1500-400 Burrard Street Vancouver, BC V6C 3A6 Tel: 604-683-3391 Fax 604-683-0323

**NOTE:** Make **cheque payable to CIBC Mellon Trust Company** (custodian)

Account name: \_\_\_\_\_ Account #: \_\_\_\_\_

## 4. Fund Selection

	AMOUNT	or	PERCENTAGE
Leith Wheeler Balanced Fund	_____		_____
Leith Wheeler Canadian Equity Fund Series B	_____		_____
Leith Wheeler U.S. Equity Fund Series B	_____		_____
Leith Wheeler Fixed Income Fund Series B	_____		_____
Leith Wheeler Money Market Fund	_____		_____
Leith Wheeler International Equity Plus Fund	_____		_____
<b>TOTAL</b>			<b>100%</b>

## 5. 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: \_\_\_\_\_