

1. Client Information

| | | | |
|------------------------|-------------|-------------------------|----------------------------|
| Account Holder Surname | Given Names | Social Insurance Number | Date of Birth (mm/dd/yyyy) |
| Mailing Address | | City | |
| Province | Postal Code | Home Phone Number | Business Phone Number |

2. Transfer From

| | | | |
|--------------------------------|--|----------|-------------|
| Name of Delivering Institution | Account Number at Delivering Institution | | |
| Mailing Address | City | Province | Postal Code |

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

For **Partial Transfer**, please specify:

- Partial transfer, in cash (indicate investments to be sold in table)
 - All assets, in cash
 - All Leith Wheeler Investment Funds only, in kind
 - All Leith Wheeler Investment Funds in kind and all other Assets in cash
- If assets being transferred have a maturity date, please specify:
(mm/dd/yyyy) _____

| Name of Investment | Amount |
|--------------------|-----------------|
| 1. | \$ _____ |
| 2. | \$ _____ |
| 3. | \$ _____ |
| 4. | \$ _____ |
| Total | \$ _____ |

3. Transfer To

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

NOTE: make cheque payable to the Custodian: **"CIBC MELLON TRUST COMPANY"**

Please transfer the above mentioned property to my registered account (indicate which type applies):

- RSP
 LIRA
 RIF
 LRIF
 PRIF
 LIF
 RLIF
 TFSA

- Existing LW account
 OR
 New LW account (please complete Registered Account Application)

Is this a Spousal Account? Yes No

| |
|---------------------|
| Account Holder Name |
| Account Number |
| Specimen Number |

4. Fund Selection *(Only complete if you already have a Leith Wheeler Mutual Fund Account)*

Please select Fund(s) in which you will be investing. **OR** Prorate my funds based on the funds in my existing account.

| Fund | Amount | OR | Percentage |
|--|------------|-----------|-------------|
| Leith Wheeler Money Market Fund Series B | \$ _____ | | % |
| Leith Wheeler Core Bond Fund Series B | \$ _____ | | % |
| Leith Wheeler Corporate Advantage Fund Series B | \$ _____ | | % |
| Leith Wheeler High Yield Bond Fund Series B | \$ _____ | | % |
| Leith Wheeler High Yield Bond Fund Series B (CAD Hedged) | \$ _____ | | % |
| Leith Wheeler Multi Credit Fund Series B | \$ _____ | | % |
| Leith Wheeler Balanced Fund Series B | \$ _____ | | % |
| Leith Wheeler Income Advantage Fund Series B | \$ _____ | | % |
| Leith Wheeler Canadian Dividend Fund Series B | \$ _____ | | % |
| Leith Wheeler Canadian Equity Fund Series B | \$ _____ | | % |
| Leith Wheeler International Equity Plus Fund Series B | \$ _____ | | % |
| Leith Wheeler U.S. Equity Fund Series B | \$ _____ | | % |
| Leith Wheeler U.S. Small-Mid/Cap Equity Fund Series B | \$ _____ | | % |
| Leith Wheeler Emerging Markets Equity Fund Series B | \$ _____ | | % |
| Total Investment | \$ _____ | | 100% |
| US\$ Denominated Fund (Transfer must be made in US\$) | | | |
| Leith Wheeler U.S. Dividend Fund Series B | US\$ _____ | | |

5. Client Authorization

I acknowledge: (1) 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; (2) the transfer may take up to approximately 6 weeks; and (3) a capital gain or loss may be triggered by the sale(s).

Account Holder Signature _____

Date (mm/dd/yyyy) _____

6. To Be Completed By Relinquishing Institution Only

Type of account: RSP LIRA Non-Qualified RIF Qualified RIF LRIF LIF PRIF TFSA Amount being transferred
\$ _____

1. Has this account ever received a spousal contribution? No Yes (if "yes" complete line below)

Name of contributor: _____ Social Insurance Number: _____

2. Are the funds locked-in? No Yes (if "yes" attach confirmation and complete line below)

Amount of locked-in funds: \$ _____ Governing Legislation: _____

3. If RIF, LRIF, or PRIF property is being transferred to another RIF, LRIF, or PRIF, have you paid the annuitant the minimum amount for the year? No (set out balance below) Yes

Balance to be paid
\$ _____

| | | |
|---|------------------|------------|
| Contact name at relinquishing institution | Telephone Number | Fax number |
|---|------------------|------------|

| | |
|----------------------|-------------------|
| Authorized signature | Date (mm/dd/yyyy) |
|----------------------|-------------------|