



Authorization to Transfer Investments Form

Agora Dealer Services Corp.
6285 Northam Drive, Suite 100, Mississauga, ON L4V 1X5
Toll Free: 1-855-GO-AGORA (462-4672)
Trade Fax: 1-888-642-4312

1. ACCOUNT HOLDER INFORMATION

PRIMARY ACCOUNT HOLDER NAME (FIRST, INITIAL, LAST)		SOCIAL INSURANCE NUMBER	
JOINT ACCOUNT HOLDER NAME (FIRST, INITIAL, LAST)		SOCIAL INSURANCE NUMBER	
HOME ADDRESS	CITY	PROVINCE	POSTAL CODE

2. RECEIVING INSTITUTION

AGORA DEALER SERVICES CORP.	6285 Northam Drive, Suite 100, Mississauga, ON L4V 1X5		1-855-462-4672
RECEIVING INSTITUTION NAME	ADDRESS		TELEPHONE NUMBER
DEALER NAME	DEALER NUMBER	ADVISOR NAME	ADVISOR NUMBER
CLIENT ACCOUNT NUMBER	AGRA INTERMEDIARY CODE		

ACCOUNT TYPE: (SELECT ONE): RSP SPOUSAL RSP LIRA/LRSP RLSP INVESTMENT ACCOUNT JOINT/JTWROS TFSA RIF SPOUSAL RIF LIF/LRIF RLIF PRIF ESTATE

LOCKED-IN CONFIRMATION:

Agora Dealer Services Corp., as agent for Canadian Western Trust, agrees to administer all locked-in funds transferred under this transfer authorization in accordance with the governing pension legislation indicated in Section E below. Any subsequent transfer of these locked-in funds to another trustee or financial institution will be made only to another registered plan, which will continue to be administered in accordance with the requirements indicated below. No transfer of locked-in funds will be permitted unless the receiving plan is appropriately registered and in compliance with the applicable pension legislation, regulations and the Income Tax Act (Canada) and appears on the Superintendent's list of Financial Institutions authorized to administer funds in the jurisdiction noted above (if applicable).

C. Zales
AGORA AUTHORIZED
AGORA DEALER SERVICES CORP.
SIGNING OFFICER / AGENT.

3. ACCOUNT HOLDER AUTHORIZATION (READ CAREFULLY BEFORE SIGNING)

RELINQUISHING INSTITUTION NAME	ACCOUNT NUMBER
ADDRESS	TELEPHONE NUMBER
	FAX NUMBER

I authorize you to deliver to Agora Dealer Services ("ADSC") the account you are carrying for me and to ADSC to receive the account. These instructions are given subject to ADSC's approval of my account.
I have also requested ADSC to act on my behalf in the resolution of any incidental account differences or adjustments which may arise with you as a result of my account transfer request.

TRANSFER: (SELECT ONE): ALL IN KIND (AS IS) PARTIAL*; SEE LIST BELOW OR ATTACHED LIST ALL IN CASH* ALL ASSETS* BUT MIXED IN CASH + IN KIND**
(OPTIONAL) I am attaching a copy of the statement to assist with timely & accurate transfer of my account: YES NO

	Investment Amount	Symbol and/or Certificate Number or Policy Number	Investment Description
<input type="checkbox"/> IN KIND <input type="checkbox"/> IN CASH <input type="checkbox"/> SHARES/UNITS <input type="checkbox"/> DOLLARS			
<input type="checkbox"/> IN KIND <input type="checkbox"/> IN CASH <input type="checkbox"/> SHARES/UNITS <input type="checkbox"/> DOLLARS			
<input type="checkbox"/> IN KIND <input type="checkbox"/> IN CASH <input type="checkbox"/> SHARES/UNITS <input type="checkbox"/> DOLLARS			
<input type="checkbox"/> IN KIND <input type="checkbox"/> IN CASH <input type="checkbox"/> SHARES/UNITS <input type="checkbox"/> DOLLARS			
<input type="checkbox"/> IN KIND <input type="checkbox"/> IN CASH <input type="checkbox"/> SHARES/UNITS <input type="checkbox"/> DOLLARS			
<input type="checkbox"/> IN KIND <input type="checkbox"/> IN CASH <input type="checkbox"/> SHARES/UNITS <input type="checkbox"/> DOLLARS			
<input type="checkbox"/> IN KIND <input type="checkbox"/> IN CASH <input type="checkbox"/> SHARES/UNITS <input type="checkbox"/> DOLLARS			
<input type="checkbox"/> IN KIND <input type="checkbox"/> IN CASH <input type="checkbox"/> SHARES/UNITS <input type="checkbox"/> DOLLARS			

* 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 required to be paid prior to delivery of my account.

** Where I have requested a Transfer In Kind, I authorize the liquidation of _____ to pay any applicable fees, charges, adjustments or RIF/LIF minimum payments required to be paid prior to delivery of my account.

I hereby request the transfer of my account as described above and its investments. In the event that, for any reason, any of the securities held for my account cannot be delivered to ADSC in accordance with this instruction, I request that you contact me immediately, indicating the securities affected and the reason for the inability to deliver. I have attached the most recent copy of my Account Statement from the Relinquishing Institution.

<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
PRIMARY ACCOUNT HOLDER SIGNATURE	DATE (MM/DD/YYYY)	JOINT ACCOUNT HOLDER SIGNATURE	DATE (MM/DD/YYYY)

4. FOR USE BY RELINQUISHING INSTITUTION ONLY ORDER EXECUTION ACCOUNT

WE HAVE TRANSFERRED \$ _____ AMOUNT OF TRANSFER FEE CHARGED \$ _____

FROM THE FOLLOWING ACCOUNT TYPE:

RSP SPOUSAL RSP LIRA / LRSP RLSP INVESTMENT ACCOUNT JOINT / JTWR0S TFSA RIF SPOUSAL RIF LIF / LRIF RLIF PRIF ESTATE

SPOUSAL PLAN NO YES IF YES _____ SOCIAL INSURANCE NUMBER _____
SPOUSE OR COMMON-LAW PARTNER NAME (FIRST, INITIAL, LAST)

LOCKED IN NO YES IF YES Locked-in funds: \$ _____ Governing legislation _____

I certify that the information given on this form is correct and complete and that the required minimum (RRIF/PRIF) / maximum (LRIF/LIF) has been made for the current year.

<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
AUTHORIZED NAME	TELEPHONE NUMBER	AUTHORIZED SIGNATURE	DATE (MM/DD/YYYY)