LAURENTIAN BANK DISCOUNT BROKERAGE

A DIVISION OF LAURENTIAN BANK SECURITIES

ACCOUNT TRANSFER AUTHORIZATION
(Non-Registered Accounts)

PART 1: CLIENT IDENTIFICATION

Name: _____ Social Insurance Number: _____

Address: _____

City / Province: _____ Telephone: ( ) _____

SECTION A: DELIVERING INSTITUTION

Name of Institution: _____

Address: _____

_____

1- ☐ Complete transfer ☐ Partial transfer: _____

☐ In kind ☐ In cash* (If more than one title, attach Appendix signed by the client.)

From Account: Type

_____ _____ to Account: Laurentian Bank Discount Brokerage, No. _____

2- ☐ Complete transfer ☐ Partial transfer: _____

☐ In kind ☐ In cash* (If more than one title, attach Appendix signed by the client.)

From Account: Type

_____ _____ to Account: Laurentian Bank Discount Brokerage, No. _____

YOU ARE HEREBY AUTHORIZED TO DELIVER TO THE RECEIVING INSTITUTION THE ACCOUNT(S) YOU ARE HOLDING FOR ME AND THE RECEIVING INSTITUTION IS AUTHORIZED TO RECEIVE THIS/THESE ACCOUNT(S). THIS INCLUDES ALL SECURITIES LONG ANS SHORT AND DEBIT OR CREDIT BALANCE. DELIVERY OF ALL SHORT SECURITIES IS TO BE MADE TO THE RECEIVING INSTITUTION AGAINST PAYMENT. I ENCLOSE A COPY OF MY MOST RECENT STATEMENT.

_____ _____

Date Signature

* For cash transfers, I authorize the total or partial liquidation of my investments. Upon receipt of these instructions, the transactions will take place at the best possible market prices.

SECTION B: RECEIVING INSTITUTION

Laurentian Bank Discount Brokerage
1360 René-Lévesque Boulevard West, Transit 670, Suite 620
Montréal, Quebec H3G 0E8
Fax: 514-284-9704

M48 LAUR 9306

We accept the transfer described above. Upon receipt, the transfer will be credited to the client's name as indicated in PART 1 for the account(s) described in SECTION A.

IF YOU NEED MORE INFORMATION ON THE MANAGEMENT OF THE ACCOUNT(S), PLEASE ADVISE US BY CORRESPONDENCE.

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Laurentian Bank Securities Authorized Signature