

Bâtirente c/o Desjardins Insurance **Group Retirement Savings** PO BOX 1355 STN Desjardins Montreal QC H5B 1C4

Telephone: 1-800-463-6984 Fax: 1-877-350-8555 Email: batirente@dsf.ca www.batirente.qc.ca/myaccount

TRANSFER FROM OTHER FINANCIAL INSTITUTION

| Please forward the completed form to the address above and to your current financial institution. | | | | |
|---|------------------|-----------------|-----------------|--|
| SECTION 1: TO BE COMPLETED BY THE PARTICIPANT/ANNUITANT | | | | |
| Participant's information Last and first name | | | | Social Insurance Number |
| Last and mist name | | | | Social insulance Number |
| Address | | | | |
| | | | | |
| Transfer amount from: | | | | |
| Account number | Plan name and | number | | |
| | | | | |
| I wish to transfer in cash: ☐ all assets or ☐ the lump-sum amount of: \$ | | | | |
| Spousal LIF UVRSP Uther | | | | |
| Registration number | | | | |
| Note: This is only required for DPSP, DC or DB plans | | | | |
| Name of the financial institution | | | | |
| who issued the plan Their address | | | | |
| Their address | | | | |
| Tranfert amount to: | | | | |
| I want these amounts to be transferred to my Bâtire | ente: | RRSP TFS | A DLIR | RA/LRSP RRIF LIF |
| | | SPP DPS | | |
| | | Spousal LIF | ☐ VR | SP Other |
| My participant number (if you are already enrolled in a Bâtirente plan) | | | | |
| Please invest: according to my current instructions according to the enclosed enrolment form | | | | |
| according to the enclosed | lump-sum contrib | ution form | ccording to the | e enclosed instruction letter |
| Participant's signature | | | | Date |
| | | | | |
| SECTION 2: TO BE COMPLETED BY THE FINANCE | IAL INSTITUTION | WHERE THE MONEY | / IS BEING TRA | ANSFERRED FROM (complete all sections) |
| We have transferred \$ from the plan indicated in Section 1 above. | | | | |
| | | s (specify): | Jove. | |
| Has the spouse contributed to this plan? | □ NO □ fe | s (specify): | 1 | |
| Name of spouse | | | | Social Insurance Number of spouse |
| | | | | |
| Are there any irrevocable beneficiaries? | ☐ No ☐ Yes | s (specify): | | |
| Name of irrevocable beneficiary(ies) | | | | |
| | | | | |
| Are there any locked-in funds? | ☐ No ☐ Yes | s (specify): | | |
| The amount of \$ from the total amount of the enclosed cheque represents locked-in funds. This amount will continue to be | | | | |
| administered as locked-in funds in conformity with the applicable legislation governing pensions. | | | | |
| Specify province: If it is a federal plan, is it restricted? No Yes | | | | |
| The information provided in this section is complete and accurate to the best of our knowledge. | | | | |
| | | | | |
| | | | | |
| Authorized person's signature | Title | or position | | |
| | | | | |
| Name of the authorized person (please prid | Te | elephone | Date | |
| | | | | |