



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.com/en/my-account

## 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 Plan Member/Annuitant

#### Plan member information

Last name		First name	
Social Insurance Number			
Address (No., street, apt.)			
City		Province	Postal code

#### Transfer amount from:

Account number	Plan name and number
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I wish to transfer in cash:  all assets or  the lump-sum amount of: \$ \_\_\_\_\_

From my:

- RRSP    TFSA    FHSA    LIRA/Locked-in RSP    RRIF    Spousal RRIF    LIF    SPP    DPSP    DB    DC  
 RPP – VB – Ontario    RPP – VB – Other provinces    NRP    VRSP    Spousal RRSP    Other

Registration number (Note: This is only required for DPSP, DC or DB plans)

Name of the financial institution who issued the plan		Fax number
Address (No., street, apt.)		
City	Province	Postal code

#### Transfer amount to:

- I want these amounts to be transferred to my Bâtirente:
- RRSP    TFSA    FHSA    LIRA/Locked-in RSP    RRIF    Spousal RRIF    LIF    SPP  
 DPSP    DC    RPP – VB – Ontario    RPP – VB – Other provinces    NRP    VRSP  
 Spousal RRSP    Other \_\_\_\_\_

My plan member number: \_\_\_\_\_ (if you are already enrolled in a Desjardins Insurance plan)

- Please invest:  according to my current instructions    according to the enclosed enrolment form  
 according to the enclosed lump-sum contribution form    according to the enclosed instruction letter

Plan member signature	Date (YYYY-MM-DD)
<b>X</b>	

### Section 2 – To be Completed by the Financial Institution Where the Money is Being Transferred From (complete all sections)

We have transferred \$ \_\_\_\_\_ from the plan indicated in Section 1 above.

Has the spouse contributed to this plan?  No    Yes (specify): \_\_\_\_\_

Name of spouse	Social Insurance Number of spouse
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Are there any irrevocable beneficiaries?  No    Yes (specify): \_\_\_\_\_

Name of Irrevocable beneficiary(ies) \_\_\_\_\_

Are there any locked-in funds?  No    Yes (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
<b>X</b>	
Name of the authorized person (please print)	Telephone
	Date (YYYY-MM-DD)