

Tax-Free Savings Account direct transfer form



Plant for your future™

You can use this form to record a direct transfer.
Please print, and check the boxes that apply to you.

Account holder

Salutation: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____				SOCIAL INSURANCE NUMBER	
FIRST NAME		LAST NAME		EMAIL ADDRESS	
CIVIC ADDRESS				PHONE NUMBER <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	
CITY	PROVINCE	COUNTRY	POSTAL CODE	PHONE NUMBER <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	

Part A – Transfer from a TFSA

I am the applicant under the Tax-Free Savings Account (TFSA)

Individual plan number, and name _____

NAME OF TFSA ISSUER		ADDRESS	
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Part B – Description of amount to be transferred

Please transfer in CASH all of the property (approximately) \$ _____

Please transfer in CASH part of the property in the amount of \$ _____

Part C – Identifying the TFSA the funds are being transferred to

Please transfer the above-mentioned TFSA property to my TFSA

Individual plan number, and name _____

NAME OF TFSA ISSUER Home Trust Company		ADDRESS 145 King Street West, Suite 2500, Toronto, Ontario M5H 1J8	
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APPLICANT'S SIGNATURE X	DATE (MM/DD/YY)
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Transferee

We agree to the above request for a direct transfer of property. When we receive the property, we will credit it to the applicant or member under the plan or fund identified in Part C of Section 1. If the plan or fund is a TFSA that conforms to a specimen plan or fund, it will conform with the specimen identified as:

We will check the plan in Part C of Section 1, and add or correct information as necessary.

SPECIMEN PLAN	
TRANSFEEE'S NAME X Home Trust Company	DATE (MM/DD/YY)
AUTHORIZED PERSON'S SIGNATURE X	POSITION OR OFFICE

Transferor

We have transferred \$ _____ from the TFSA identified in Part A of Section 1 to the transferee named in Part C of Section 1.

I certify that the information given on this form is correct and complete.

TRANSFEROR'S NAME X	DATE (MM/DD/YY)
AGENT NAME X	AGENT ACCOUNT NUMBER