

# Tax-Free Savings Account direct transfer form

You can use this form to record a direct transfer.

Please print, and check the boxes that apply to you.



## Account holder

SECTION 1	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		MIDDLE NAME		LAST NAME	
	CIVIC ADDRESS				EMAIL ADDRESS	
	CITY				PHONE NUMBER <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	
	PROVINCE		COUNTRY		POSTAL CODE	
Part A – Transfer from a TFSA						
<input type="checkbox"/> I am the applicant under the Tax-Free Savings Account (TFSA)						
Individual plan number, and name _____						
NAME OF TFSA ISSUER					ADDRESS	
Part B – Description of amount to be transferred						
<input type="checkbox"/> Please transfer in CASH all of the property (approximately) \$ _____						
<input type="checkbox"/> Please transfer in CASH part of the property in the amount of \$ _____						
Part C – Identifying the TFSA the funds are being transferred to						
<input type="checkbox"/> Please transfer the above-mentioned TFSA property to my TFSA						
Individual plan number, and name _____						
NAME OF TFSA ISSUER					ADDRESS	
Home Bank					145 King Street West, Suite 2300, Toronto, Ontario M5H 1J8	
APPLICANT'S SIGNATURE					DATE (MM/DD/YY)	
X						

## Transferee

SECTION 2	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		DATE (MM/DD/YY)
X Home Bank		
AUTHORIZED PERSON'S SIGNATURE		POSITION OR OFFICE
X		

## Transferor

SECTION 3	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	AUTHORIZED PERSON'S SIGNATURE	DATE (MM/DD/YY)	
X			X	