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.

Section I - Account Holder

Last name First nam			and initials		Social insurance number					
							I.		I.	I
Address					Telepho	one				
			l	Jine						
Part A - Transfer from a TFSA										
I am the applicant under the Tax-Free Saving's Account (TFSA).			Individual plan							
			number, and name							
Name of TFSA issuer			Addross							
Name of TESA Issuer	Address									
Part B - Description of amount to be trans	ferred									
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									
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Please transfer the above-mentioned TFSA property to my TFSA.			Individual plan number, and name							
Name of TFSA issuer			Address							
			145 King Street West Suite 2300, Toronto, Ontario M5H 1J8							
HOME BANK			145 King Street west	Suite 2300, 1	oronito,	Untari		1 I JO		
Date	Applicant's signature									
Section II - 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 I. If the p	lan or fund is a TFSA that c	onforms to	a specimen plan or fund, it	will conform wi	th the sp	ecimen	identif	fied as:		
06410013 We will check the plan in Part C of Section I, and add or correct information as necessary.										
Specimen plan										
Transferee's name				Date						
HOME BANK										
				Desition on office						
Authorized person's signature				Position or offic	e					

Section III - Transferor

We have transferred \$	from the TFSA identified in Part A of	identified in Part A of Section I to the transferee named in Part C of Section I				
I certify that the information given on this form is correct and complete.						
Transferor's name		Date				
Agent Account Number	Agent Name					