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 1 - Account Holder							
Last name			First name and initials			Social insurance number	
Address						Telephone	
Part A - Transfer from a TFSA							
Part A - Transier from a 1F3A							
I am the applicant under the Tax-Free Saving's Account (TFSA).				Individual plan number, and name			
Name of TFSA issuer			Address				
Part B - Description of amount to be transfe	rred						
Please transfer in CASH all of the property (approximately) \$							
Please transfer in CASH part of the property in the amount of \$							
Trease dansier in exist part of t	ne property in the amoun						
Part C - Identifying the TFSA the funds are being transferred to							
				Individual plan			
Please transfer the above-mentioned TFSA property to my TFSA.			number, and name				
Name of TFSA issuer				Address			
HOME TRUST COMPANY			145 King Street West Suite 2300, Toronto, Ontario M5H 1J8				
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 plan or fund is a TFSA that conforms to a specimen plan or fund, it will conform with the specimen identified as:							
05710017 We will check the plan in Part C of Section I, and add or correct information as necessary.							
Specimen plan		we will ci	ieck ti	ie piairiii rait C oi 3e	ction i, and add	for correct information as necessary.	
Specificit plan							
Transferee's name					Date		
HOME TRUST COMPANY							
Authorized person's signature					Position or office		
Section III - Transferor							
We have transferred \$		from the T	TFSA id	entified in Part A of S	Section I to the 1	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		
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Agent Account Number		Agent N	Name				