



Transfer Authorization for Non-Registered Investments

Instructions

Bottom copy and the cover go to the Unitholder

Please note: The data entered on this form may be scanned and stored electronically. Please print neatly in the spaces provided to ensure completeness, accuracy and machine readability.

STEP 1 – Unitholder Information

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr				
Last Name		First Name		Initials
Address		City	Province	Postal Code
Home Telephone	Business Telephone	E-Mail		
Social Insurance Number		Date of Birth (YYYY / MM / DD)		

STEP 2 – Receiving Institution Information

CIBC Mellon Trust Company 1 York Street, Suite 900 Toronto, ON M5J 0B6 Canada	Cheque Payee: Portland Investment Counsel Inc., In Trust for Funds Client Services Telephone: 1-888-710-4242 Processing Fax: 1-866-816-1662	ACCOUNT# _____
--	---	----------------

Investment Selection

Fund Name	Fund Number	Sales Charge (Front Load Purchases Only)	Investment Amount (\$ or %)

DEALER INFORMATION

Dealer Name	Dealer Code	Dealer Account Number
Representative Name	Representative Code	Telephone Number
Email	Fax Number	

STEP 3 – Client Direction to Relinquishing Institution

Relinquishing Institution Name			
Address	City	Province	Postal Code
Client Account/Policy Number			
Transfer: (check one box only): <input type="checkbox"/> All in cash <input type="checkbox"/> All as is (in kind) <input type="checkbox"/> All assets, but mixed in cash and as is (in kind) see list below or attached list. <input type="checkbox"/> Partial - as listed below or attached list <input type="checkbox"/> Check here if attaching list			

	Investments Amount	Symbol and/or Certificate Number or Policy Number	Investment Description
<input type="checkbox"/> In kind <input type="checkbox"/> Shares/units	<input type="checkbox"/> In cash <input type="checkbox"/> Dollars		
<input type="checkbox"/> In kind <input type="checkbox"/> Shares/units	<input type="checkbox"/> In cash <input type="checkbox"/> Dollars		

STEP 4 – Client Authorization

I hereby request the transfer of my account and its investments as described above.

WHERE I HAVE REQUESTED A TRANSFER IN CASH, I AUTHORIZE THE LIQUIDATION OF ALL OR PART OF MY INVESTMENTS AND AGREE TO PAY ANY APPLICABLE FEES, CHARGES OR ADJUSTMENTS.

Signature of Account Holder	Date YYYY / MM / DD	Signature of Joint Account Holder (if applicable)	Date YYYY / MM / DD
-----------------------------	---------------------	---	---------------------

X
X

STEP 5 – For Use By Relinquishing Institution Only

Advisor Last Name	Advisor First Name	Dealer Rep. Number
Contact Name	Telephone	Fax
Authorized Signature X	Date YYYY / MM / DD	

Consent is required for any reproduction, in whole or in part, of this piece and/or of its images and concepts. PORTLAND, PORTLAND INVESTMENT COUNSEL and the Clock Tower Design are registered trademarks of Portland Holdings Inc. Used under licence by Portland Investment Counsel Inc.