

# 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		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
	<b>Part A – Transfer from a TFSA</b>							
<input type="checkbox"/> I am the applicant under the Tax-Free Savings Account (TFSA) Individual plan number, and name _____								
NAME OF TFSA ISSUER					ADDRESS			
<b>Part B – Description of amount to be transferred</b>								
<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 \$ _____								
<b>Part C – Identifying the TFSA the funds are being transferred to</b>								
<input type="checkbox"/> 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 2300, Toronto, Ontario M5H 1J8			
APPLICANT'S SIGNATURE X						DATE (MM/DD/YY)		

## 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 X Home Trust Company	DATE (MM/DD/YY)
	AUTHORIZED PERSON'S SIGNATURE X	POSITION OR OFFICE

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