

Section 1 – Annuitant Information			
Member Number	Social Insurance Number	Phone Number	Date (yyyy-mm-dd)
First Name		Last Name	
Apt / Unit Number	Street Address		
City	Province	Postal Code	Country

Section 2 – Transfer to my RRSP / RRIF
Contract Number
Registered Type <input type="checkbox"/> Individual RRSP <input type="checkbox"/> Spousal/Common-Law Partner RRSP <input type="checkbox"/> LIRA <input type="checkbox"/> LRSP <input type="checkbox"/> Individual RRIF <input type="checkbox"/> Spousal/Common-Law Partner RRIF <input type="checkbox"/> LIF <input type="checkbox"/> PRIF
Mail all cheques to: Vancouver Savings Credit Union PO Box 2120 Station Terminal Vancouver BC, V6B 5R8

Section 3 – Transferred From			
Relinquishing Institute Name			Contract Number
Apt / Unit Number	Street Address		
City	Province	Postal Code	Country
Transfer <i>select one</i> <input type="checkbox"/> All in cash <input type="checkbox"/> Partial in cash (as listed below or List attached)			
Investment Amount	Investment Description	Maturity Date (yyyy-mm-dd)	
\$			
\$			
\$			

Section 4 – Authorized Signature	
Holder Signature  X .....	Holder Name
	Date (yyyy-mm-dd)
Signature Guaranteed by Vancity Employee  X .....	Employee Name
	Employee Number

For Use By Relinquishing Institute Only		
Registered Type		
<input type="checkbox"/> RRSP	<input type="checkbox"/> LIRA	<input type="checkbox"/> LRSP
<input type="checkbox"/> PRIF	<input type="checkbox"/> LRIF	<input type="checkbox"/> RRIF Qualified
<input type="checkbox"/> RLIF	<input type="checkbox"/> LIF	<input type="checkbox"/> RRIF Non Qualified
Spousal/Common-Law Partner Contributions?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If <b>Yes</b> , complete the following:		
Spousal or Common-Law Partner Name		Social Insurance Number
Locked-in	Locked in Funds	Governing Legislation
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
By signing here, we verify that the required minimum (RRIF/PRIF) / maximum (LRIF/LIF) payment has been made for the current year.		
Authorized Signature  X .....	Authorized Name	
	Phone Number	Date (yyyy-mm-dd)