

Complete this form if you are transferring an existing TFSA from another financial institution to Caledon Trust Company.
Return your form(s) by mail to: Caledon Trust Company, 20 Queen Street West, Suite 2401, Toronto, Ontario M5H 3R3.

1. CLIENT INFORMATION (ACCOUNT HOLDER)		
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		
Surname		First Name & Initials
Street Address		Apartment/Unit #
City	Province	Postal Code
Home Phone () -		Social Insurance Number -
PART A - Transfer from a TFSA:		
<input type="checkbox"/> I am the applicant under the Tax-Free Saving's Account (TFSA).		Individual plan number and name
Name and Address of TFSA issuer		
PART B - Description of amount to be transferred:		
<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 \$ _____.		
PART C - Identifying the TFSA the funds are being transferred to:		
<input type="checkbox"/> I hereby request the transfer of the above-mentioned TFSA property to my TFSA: Individual plan number and name: _____		
Name and Address of TFSA issuer	Caledon Trust Company 20 Queen Street West, Suite 2401, Toronto, Ontario M5H 3R3 Telephone: (416)361-4561 Fax: (416)361-0294	
Dated	Applicant's Signature	

2. TRANSFEREE (RECEIVING INSTITUTION)	
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:	
<u>TFSA5910013</u> <small>Specimen Plan Number</small>	We will check the plan in Part C of Section I, and add or correct information as necessary.
Transferee's Name Caledon Trust Company	Position and Contact Number
Dated	Authorized Person's Signature

3. TRANSFEROR (RELINQUISHING INSTITUTION)	
We have transferred \$ _____ from the TFSA identified in Part A of Section I to the transferee named in Part C of Section. I certify that the information given on this form is correct and complete.	
Transferee's Name	Position and Contact Number
Dated	Authorized Person's Signature