

CLIENT INFORMATION

CLIENT NAME

ADDRESS

CITY PROVINCE POSTAL CODE

TELEPHONE

SOCIAL INSURANCE NUMBER

 JOINT-ACCOUNT HOLDER
 SOCIAL INSURANCE NUMBER
(Complete only if you are transferring a joint account)
DELIVERING INSTITUTION INFORMATION

INSTITUTION NAME

ADDRESS

CITY PROVINCE POSTAL CODE

CONTACT TELEPHONE

RECEIVING INSTITUTION INFORMATION
BBS Securities Inc.

ACCOUNT TRANSFERS DEPARTMENT

199 Bay Street, Suite 2600

P.O. Box 108

Toronto, Ontario, M5L 1E2

Telephone: 1.877.310.1088 Fax: (416) 288-8611

 Email: transfer@bbssecurities.com

 CUID: **BBSM** DTC: **5085** DEALER: **7899** REP CODE:

This is my authorization to you to deliver to The Receiving Institution the account(s) you are carrying for me and to the Receiving Institution this account(s). This includes all securities long and short and debit or credit balance. Delivery is to be made by the Receiving Institution of all securities short against payment. These instructions are given subject to the Receiving Institution approval of my account(s).

ACCOUNT INFORMATION

ACCOUNT NUMBER(S) AT DELIVERING INSTITUTION	CAN or US	ACCOUNT NUMBER(S) AT RECEIVING INSTITUTION
1. _____	<input type="checkbox"/> <input type="checkbox"/>	_____
2. _____	<input type="checkbox"/> <input type="checkbox"/>	_____
3. _____	<input type="checkbox"/> <input type="checkbox"/>	_____

TRANSFER INSTRUCTIONS

(CHECK ONE BOX ONLY)

- All in kind (as is);
 All in cash¹;
 Partial (as listed below or on the attached list);
 All assets Mixed – in cash¹ and in kind (as is) (as listed below or on the attached list).

ASSET LIST (Only for partial or mixed instructions)

1. <input type="checkbox"/> in kind OR <input type="checkbox"/> in cash ¹	Security Description	3. <input type="checkbox"/> in kind OR <input type="checkbox"/> in cash ¹	Security Description
2. <input type="checkbox"/> in kind OR <input type="checkbox"/> in cash ¹	Security Description	4. <input type="checkbox"/> in kind OR <input type="checkbox"/> in cash ¹	Security Description

CLIENT ACKNOWLEDGEMENT & CONSENT

In the event that, for any reason, any of the securities held for my account cannot be delivered to The Receiving Institution in accordance with this instruction, I request that you contact me in writing immediately, indicating the security affected and the reason for the inability to deliver. I acknowledge that you may require a fee to be paid prior to delivery of this account(s) and hereby instruct The Receiving Institution to pay or have deducted from any credit balance with you this fee in accordance with your current published schedule. I have also requested The Receiving Institution to act on behalf in the resolution of any incidental account differences or adjustments which may arise with you as a result of this transfer request.

PLEASE CANCEL ALL OPEN ORDERS (e.g. GTC, GTD) FOR MY ACCOUNT(S) ON YOUR BOOKS.

CLIENT NAME

CLIENT SIGNATURE

DATE

 JOINT ACCOUNT HOLDER NAME
(Complete only if you are transferring a joint account)

 JOINT ACCOUNT HOLDER SIGNATURE
(Complete only if you are transferring a joint account)

DATE

¹ Where I have requested a transfer in cash, I authorize the full liquidation of all or part of my investments as indicated.