# Starlight Transfer Authorization for Non-Registered Investments

**Starlight** Capital™

- This form can be used for transferring the non-registered plans.
- Data entered on this form may be scanned and stored electronically. Please print neatly to ensure completeness, accuracy and machine-readability.

## 1. CLIENT IDENTIFICATION

| | | | | |
|---|---|---|---|---|
| Account/policy holder last name | First name | Initial(s) | Social insurance number | Telephone (Residence) |
| Address | City | Province | Postal code | Telephone (Business) |

☐ **Joint Account**  (For Non Registered Accounts only)

| | | | DD/MM/YYYY | |
|---|---|---|---|---|
| Last Name | First Name | Initial(s) | Date of Birth | Social Insurance Number (Required) |

## 2. RECEIVING INSTITUTION INFORMATION

| | | | | |
|---|---|---|---|---|
| Starlight Capital | Transfers Department | | | 1-833-290-2606 |
| Receiving Institution Name | Contact Name | Group Plan Number (if applicable) | Client Account / Policy Number | Telephone |
| c/o RBC Investor & Treasury Services 3rd Floor Imaging 155 Wellington St West | Toronto | Ontario | M5V 3L3 | 1-866-716-2977 |
| Address | City | Province | Postal Code | Fax |

**Insert clearing and settlement information** (E.g., CDS CUID, DTCC participant #)

| | | | |
|---|---|---|---|
| ☐ Firm x | ☐ Subsidiary x | ☐ Affiliate x | ☐ Firm x |

For use by mutual fund brokers/dealers only

| | | |
|---|---|---|
| Dealer name | Dealer number | Dealer account number |
| Agent name | Agent number | Telephone (Business)   Fax (Business) |

## 3. CLIENT DIRECTION TO RELINQUISHING INSTITUTIONS

| | |
|---|---|
| Relinquishing institution name | Group plan number (if applicable) |

| | | | | |
|---|---|---|---|---|
| Address | City | Province | Postal Code | Client account / Policy number |

▶ **Transfer:** (check one box only for asset transfer instructions and an additional box if asset list is attached)

☐ All in cash*      ☐ Partial*; see list below or check here ☐ if list attached

☐ in cash
☐ Dollars

\* Please refer to statement in bold in client authorization section below

Investment Amount      Symbol and/or certificate number or policy number

Investments description: _____

☐ in cash
☐ Dollars

Investment Amount      Symbol and/or certificate number or policy number

Investments description: _____

## 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.**

| | |
|---|---|
| X | DD/MM/YYYY |
| Signature of account/policy holder | Date |

| | |
|---|---|
| X | DD/MM/YYYY |
| Joint Applicant's Signature | Date |