

**TFSA TRANSFER AUTHORIZATION FORM**

- This form is to be completed if you are transferring funds from an existing Tax-Free Savings Account (TFSA) at another Financial Institution to SBI Canada Bank.
- Upon receipt of the fund transfer from the other institution interest will commence as per the terms of investment chosen.

TFSA Account No:
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<b>APPLICANT INFORMATION</b>					
Title, First Name Last Name				Date of Birth*	
Current Residential Address:				Social Insurance Number	
City:	Province:	Postal Code:			
Mobile Number			Email Address:		
<b>TRANSFER INFORMATION</b>					
I wish to transfer:					
<input type="checkbox"/> All funds in my existing <b>TFSA</b> in cash from the following financial institution					
<b>OR</b>					
<input type="checkbox"/> <b>CAD</b> _____ from my existing <b>TFSA</b> in cash from the following financial institution					
Account Number:		Transit Number:		Account Name:	
Financial Institution Code:			Maturity Date* (if applicable) -		
Address:			City:	Province:	Postal Code:
Please transfer my TFSA to SBI Canada Bank Branch: _____					TFSA SBI Canada Bank Account Number
I agree that the interest rates will be governed by the guidelines of the transferee bank at the material time.					
<input type="checkbox"/> <b>TFSA GIC Account</b> <b>OR</b> <input type="checkbox"/> <b>TFSA Savings Account</b>					
Applicant's signature: _____					Date*:
<b>FINANCIAL INSTITUTION USE ONLY</b>					
<b>This section to be completed by the transferor (other financial institution)</b>					
Amount transferred \$ _____ from TFSA identified above.					
Authorized signature X _____ Position or Office _____ Date*:					
<b>This section to be completed by the transferee SBI Canada Bank upon receipt of funds.</b>					
We agree to the above for a direct transfer of funds for the amount of \$ _____.					
We have received the funds and will credit it to the Applicant, under the Plan Account.					
Authorized signature: X _____ Date:					

\*date format - **dd-mm-yyyy**