



AUTHORIZATION OF TRANSFER FORM

CLIENT INFORMATION

CLIENT NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

TELEPHONE _____ SOCIAL INSURANCE NUMBER _____

CO-SOCIAL INSURANCE NUMBER _____

DELIVERING INSTITUTION INFORMATION

INSTITUTION NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

CONTACT _____ TELEPHONE _____

RECEIVING INSTITUTION

FIDELITY CLEARING CANADA (FCC) ULC
 483 Bay Street, Suite 200
 Toronto, Ontario M5J 2N7
 T: 416-216-2620 F: 416-216-7440
 EMAIL: AccTransfer.Fcc@fmr.com
 CUID FIDC DTC 5040 DEALER 7862 RR
 _____ # _____ CODE _____

Dear Sirs,

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 to receive 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 numbers at Delivering Institution	Currency of your account CAD\$ or USD\$	Account numbers 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 (CHECK ONE BOX ONLY):

- All in kind (as is) All in cash* Partial (as listed below or on attached list) All assets* mixed in cash and in kind (as is), see list below or attached list

* where I have requested a transfer in cash, I authorize the full liquidation of all or part of my investments as indicated)

PLEASE INCLUDE A COPY OF YOUR MOST RECENT STATEMENT FROM THE DELIVERING INSTITUTION

In Kind or In cash Investment Amount: _____ Symbol: _____

Description: _____

In Kind or In cash Investment Amount: _____ Symbol: _____

Description: _____

In Kind or In cash Investment Amount: _____ Symbol: _____

Description: _____

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 affect 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 (G.T.C./ SWF / PAC, ETC.) FOR MY ACCOUNT ON YOUR BOOKS.

Clients Signature _____ Clients name _____ Date (YYYY-MM-DD) _____

Co-Account Holder Signature _____ Co-Client name _____ Date (YYYY-MM-DD) _____