

A: Client identification

First name _____ Last name _____ Initial _____ E-mail address _____

Address _____ City _____ Prov. _____ Postal Code _____

Social Insurance Number _____ Business telephone number _____ Home telephone number _____

B: Receiving institution information

NGAM Canada LP

30 Adelaide St E, Suite 1, Toronto, ON M5C 3G9
Telephone 1-800 363-2749 or Tel (Tor) 416 506-8403
Facsimile 1-800 593-5630 Email ngam@ifdsgroup.com

Natixis account number (For a new account, please forward a completed Natixis Investment Application.)

Dealer / Financial Advisor code _____ Dealer Name _____ Contact telephone # _____ Financial Advisor Name _____

Registered plan type: RSP Spousal RSP RIF Spousal RIF

Investment instructions

| Fund No. | Fund Name | Amount \$ or % | Sales Charge % | DSC |
|----------|-----------|----------------|----------------|--------------------------|
| | | \$ _____ % | | <input type="checkbox"/> |
| | | \$ _____ % | | <input type="checkbox"/> |
| | | \$ _____ % | | <input type="checkbox"/> |
| | | \$ _____ % | | <input type="checkbox"/> |
| | | \$ _____ % | | <input type="checkbox"/> |

TOTAL

C: Client direction to relinquishing institution

Relinquishing Institution Name _____

Address _____ City _____ Prov. _____ Postal Code _____

Client account / Policy number _____ Group plan number (if applicable) _____

Transfer: (check one box only) All in cash* All in kind All assets*, but mixed in cash and in kind, see list below or attached list Partial* – see list below or attached list

*Please refer to statement in bold in Client authorization section below.

| | | | | |
|-------------------------------------|--|-----------------|--------------------------|--------------------------|
| In kind <input type="checkbox"/> | Symbol and/or certificate number or policy number _____ | Amount _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| In cash <input type="checkbox"/> | Investment Description _____ | | Dollars | Shares/Units |
| In kind <input type="checkbox"/> | Symbol and/or certificate number or policy number _____ | Amount _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| In cash <input type="checkbox"/> | Investment Description _____ | | Dollars | Shares/Units |

D: 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.

Signature of Account Holder _____ Date _____ Irrevocable beneficiary: I consent to the transfer of the account. _____ Date _____
Signature of irrevocable beneficiary (if applicable) _____

X _____ **X** _____

E: For use by relinquishing institution only

Registered plan type RSP Spousal RSP* RIF Spousal RIF* Indicate: Qualified Non-qualified

* Please complete contributor information

Contributor Information First name _____ Last name _____ Social Insurance Number _____

Contact name _____ Telephone number _____ Fax number _____

Authorized signature _____ Date _____