



**Desjardins**  
**Insurance**

LIFE • HEALTH • RETIREMENT

Desjardins Insurance  
Group Retirement Savings  
PO BOX 1355 STN Desjardins  
Montreal QC H5B 1C4

Telephone:  
514-285-7717 or  
1-800-968-3587  
Fax: 1-877-350-8555

**INDIVIDUAL TRANSFER**

Please forward the completed form to the address above and to your current financial institution.

**SECTION 1: TO BE COMPLETED BY THE PARTICIPANT/ANNUITANT**

**Participant's information**

Last and first name  Social Insurance Number

Address

**How much do you want to transfer?**

Account number  Plan name and number

I wish to transfer in cash: ☐ all assets or ☐ the lump-sum amount of: \$   
From my: ☐ RRSP ☐ TFSA ☐ LIRA/LRSP ☐ RRIF ☐ LIF ☐ SPP ☐ DPSP ☐ DC ☐ DB ☐ NRP ☐ Spousal RRSP  
☐ Other

Registration number   
Note: This is only required for DPSP, DC or DB plans

Name of the financial institution  
who issued the plan

Their address

**Where do you want the money to go?**

I want these amounts to be transferred to my Desjardins Insurance: ☐ RRSP ☐ TFSA ☐ LIRA ☐ RRIF ☐ LIF  
☐ SPP ☐ DPSP ☐ DC ☐ NRP ☐ Spousal RRSP  
☐ Other

My participant number  (if you are already enrolled in a Desjardins Insurance plan)

Please invest: ☐ according to my current instructions ☐ according to the enclosed enrolment form  
☐ according to the enclosed lump-sum contribution form ☐ according to the enclosed instruction letter

Participant's signature  Date

**SECTION 2: TO BE COMPLETED BY THE FINANCIAL INSTITUTION WHERE THE MONEY IS BEING TRANSFERRED FROM (complete all sections)**

We have transferred \$  from the plan indicated in Section 1 above.

Has the spouse contributed to this plan? ☐ No ☐ Yes (specify):

Name of spouse  Social Insurance Number of spouse

Are there any irrevocable beneficiaries? ☐ No ☐ Yes (specify):

Name of Irrevocable beneficiary(ies)

Are there any locked-in funds? ☐ No ☐ Yes (specify):

The amount of \$  from the total amount of the enclosed cheque represents locked-in funds. This amount will continue to be administered as locked-in funds in conformity with the applicable legislation governing pensions.

Specify province:  If it is a federal plan, is it restricted? ☐ No ☐ Yes

The information provided in this section is complete and accurate to the best of our knowledge.

Authorized person's signature Title or position

Name of the authorized person (please print) Telephone Date