RIF Transfer Authorization Form

AREA 1- ANNUITANT INFORMATION

Annuitant: _____

Address: _____

Telephone: _____   Social Insurance Number: _____

AREA 2 - TRANSFER INFORMATION

Relinquishing Institution:

Name of Issuer: _____   Plan Number / Name: _____

Address: _____

Please transfer: ☐ IN CASH   ☐ All of the property   **OR**   ☐ The lump sum of $ _____

and/or

☐ IN KIND

☐ CCP 100: Class A - Series A Common Shares (Diversified)

☐ CCP 101: Class A - Series F Common Shares (Diversified)

☐ CCP 102: Class A - Series A Common Shares (Diversified)

☐ CCP 103: Class A - Series B Common Shares (Diversified)

☐ CCP 200: Class R - Series A Common Shares (Resources)

Receiving Institution:

SaskWorks Venture Fund Inc.
c/o Prometa Fund Support Services
220-155 Carlton St., Winnipeg MB S3C 3H8
Toll Free: 1-866-992-7696   Fax: 1-577-766-8020

☐ CCP 201: Class R - Series F Common Shares (Resources)

☐ CCP 202: Class R - Series A Common Shares (Resources)

☐ CCP 203: Class R - Series B Common Shares (Resources)

Advisor Name: _____   Dealer #: _____   Rep #: _____

☐ New   Specimen Plan #: _____(RIF - 1771)_____   Existing Client Account #: _____

(Subscription Form Required)

Investment Options:

☐ CCP 101: Class A - Series F Common Shares (Diversified) $ _____ **OR** _____ %

☐ CCP 103: Class A - Series B Common Shares (Diversified) $ _____ **OR** _____ %

☐ CCP 201: Class R - Series F Common Shares (Resources) $ _____ **OR** _____ %

☐ CCP 203: Class R - Series B Common Shares (Resources) $ _____ **OR** _____ %

Client Signature: _____   Date: _____

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c/o Prometa Fund Support Services
220-115 Carlton Street, Winnipeg MB R3C 3H8
Toll Free: 1-866-992-7696 Fax: 1-855-766-8020
Email: saskworks@prometa.ca | www.saskworks.ca

AREA 3 - RELINQUISHING INSTITUTION ONLY *(Do not issue a T4SP slip for the amount transferred)*

Registered Type: ☐ RSP ☐ LIRA ☐ TFSA ☐ RIF

Spousal Plan: ☐ No ☐ Yes ➤ Contributor's Name: _____

SIN: _____

Pension Lock-in: ☐ No ☐ Yes ➤ Pension Jurisdiction: _____

$ _____ Of the amount transferred is locked-in under the pension jurisdiction noted above and must continue to be administered accordingly.

Funds originated from _____ Pension Plan

Name/Address of Pension Plan Administrator: _____

_____

Name: _____ Telephone: _____

Signature: _____ Date: _____