



Application to Remove the Spousal Designation on a Registered Retirement Savings Plan (RRSP) or a Registered Retirement Income Fund (RRIF)

Agora Dealer Services Corp.
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TRADE FAX: 1-888-642-4312

1: ACCOUNT INFORMATION

CLIENT FIRST NAME	CLIENT LAST NAME	AGORA ACCOUNT NUMBER
DEALER NAME	ADVISOR NAME	DEALER / REP CODE

2: TRANSFER REASON

I wish to remove the "Spousal" designation from my Spousal or Common-law partner RRSP/RRIF Plan due to:

- Marriage-Relationship Breakdown
 - I am no longer living with the person who is identified as the contributor in my Spousal RRSP plan.
 - I am no longer living with the person who is identified as the contributor to any RRSP plan from which transfers were made to my Spousal RRSP/RRIF plan.
- Death of the contributor

3: TRANSFER REQUEST

Transfer all the assets from my Spousal RRSP/RRIF Plan # _____ to a/an:

<input type="checkbox"/> New Individual RRSP (Retirement Account Application Attached)	<input type="checkbox"/> Existing Individual RRSP Plan #: _____
<input type="checkbox"/> New Individual RRIF (Retirement Account Application Attached)	<input type="checkbox"/> Existing Individual RRIF Plan #: _____

4: SUPPORTING DOCUMENT(S) (MANDATORY)

- Separation Agreement Divorce Decree/Certificate of Divorce Divorce Judgement # Court Order Death Certificate

5: DECLARATION

- I declare that no spousal contributions were made to any of my spousal or common-law partner RRSP plans with Agora Dealer Services Corp. or any other financial institution in the tax year in which I am making this request and the two tax years which immediately precedes this request. This includes any funds that have been transferred to a RRIF.
- I further declare that no withdrawals have been made from my spousal or common-law partner RRSP plan during the year of this request or in the case of a spousal or common-law partner RRIF plan no more than the minimum amount was withdrawn. • Locked-in Addendum and Spousal Consent form, as applicable
- I certify that all the information contained in this letter is true, complete and correct.

6: AUTHORIZATION

<input checked="" type="checkbox"/> _____ CLIENT SIGNATURE	_____ DATE (MM/DD/YYYY)	
<input checked="" type="checkbox"/> _____ ADVISOR SIGNATURE	_____ DATE (MM/DD/YYYY)	<input checked="" type="checkbox"/> _____ DEALER AUTHORIZATION (MANDATORY)