



TRANSFER AUTHORIZATION FOR REGISTERED INVESTMENTS (RSP, LRSP, LIRA, RIF, LRIF, PRIF, LIF)

This form can be used for RSP to RSP transfers (except for RSP due to death), RSP to RIF transfers, and RIF to RIF transfers. Please note: The data entered on this form may be scanned and stored electronically. Please print neatly in the spaces provided to ensure completeness and accuracy.

A. CLIENT IDENTIFICATION

MR. MRS. MISS MS DR. LANGUAGE PREFERENCE: ENGLISH FRENCH
FIRST NAME AND INITIALS SURNAME
ADDRESS
CITY PROVINCE POSTAL CODE
HOME TELEPHONE BUSINESS TELEPHONE
SOCIAL INSURANCE NUMBER DATE OF BIRTH

B. RECEIVING INSTITUTION INFORMATION

BULLION MANAGEMENT GROUP INC. c/o RBC Dexia 155 Wellington St., W., 3rd Floor, Toronto, ON M5V 3L3
GROUP PLAN NUMBER CLIENT ACCOUNT NUMBER
DEALER NAME DEALER NUMBER
AGENT NAME AGENT NUMBER
BUSINESS TELEPHONE BUSINESS FAX
DEALER ACCOUNT NUMBER

FOR USE BY MUTUAL FUND BROKERS/DEALERS ONLY

INVESTMENT INSTRUCTIONS

AS PER THE BULLION MANAGEMENT SERVICES INC. APPLICATION FORM

REGISTERED TYPE: RRSP GRSP SPOUSAL RRSP LRSP LIRA RRIF SPOUSAL RRIF LRIF LIF PRIF
FUND NAME FUND NUMBER SALES CHARGE AMOUNT

If a new account is to be opened, please attach a Bullion Management Services Inc. application form.

LOCKED-IN CONFIRMATION

Bullion Management Group Inc., as agents for Royal Trust, acknowledge that all locked-in funds from the registered plan noted in the Client Direction to Relinquishing Institution section below will be transferred to the registered plan type noted and will continue to be administered in accordance with the governing pension legislation or contractual conditional of (Province or Territory; if applicable, old new). Any subsequent transfer of these locked-in funds to another trustee or financial institution will be made only to another registered plan, which must continue to be administered in accordance with legislation of the jurisdiction noted above.

Authorized Signature Name Date

C. CLIENT DIRECTION TO RELINQUISHING INSTITUTION

RELINQUISHING INSTITUTION NAME ADDRESS
CITY PROVINCE POSTAL CODE
GROUP PLAN NUMBER CLIENT ACCOUNT NUMBER

TRANSFER (Check one box only):

ALL IN CASH ALL AS IS (in kind) ALL ASSETS * BUT MIXED IN CASH AND AS IS (in kind, (see list below or on attached list) PARTIAL * (as listed below or on attached list)

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

IN KIND IN CASH INVESTMENTS AMOUNT SYMBOL AND/OR CERTIFICATE NUMBER OR POLICY NUMBER DELAY DELIVERY UNTIL
SHARES/UNIT DOLLARS INVESTMENT DESCRIPTION

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
Irrevocable beneficiary: I consent to the transfer of the account.
SIGNATURE OF IRREVOCABLE BENEFICIARY (if applicable)

E. FOR USE BY RELINQUISHING INSTITUTION ONLY

REGISTERED TYPE: RRSP LIRA LRSP RRIF: QUALIFIED NON QUALIFIED LRIF LIF OTHER
SPOUSAL PLAN: NO YES - IF YES, COMPLETE THE FOLLOWING SPOUSAL INFORMATION:
SPOUSAL INFORMATION
FIRST NAME & INITIALS SURNAME
SOCIAL INSURANCE NUMBER DATE OF BIRTH
LOCKED-IN INFORMATION - LOCKED-IN CONFIRMATION ATTACHED
LOCKED-IN FUNDS GOVERNING LEGISLATION
CONTACT NAME
TELEPHONE NUMBER FAX NUMBER
AUTHORIZED SIGNATURE