

DEALER: 9485 REP

### Client Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.			
First Name:	Last Name:	SIN:	
First Name (Co-Account Holder):	Last Name:	SIN:	
Home Address:	Apt No:	City, Province:	Postal Code:
Phone Number (Home):	Phone Number (Business/Day):	Ext.:	

### Receiving Institution

RAYMOND JAMES LTD.	Contact:	_____	
4th Floor - 925 West Georgia Street	Phone:	604-654-_____	Fax: 604-654-1403
Vancouver, BC			
Canada V6C 3L2	CUID: MSLW	FINS# T089	DTC# 5076    EUROCLEAR# 92282

### Transfer Accounts

<b>Transfer My:</b> (Please check one) <input type="checkbox"/> Cash Account <input type="checkbox"/> Margin Account			
<b>Delivering Firm Account Number</b>		<b>Raymond James Account Number</b>	
CDN A/C Number:	_____	to	_____
US A/C Number:	_____	to	_____

### Client Direction to Delivering Institution

Delivering Institution:		Address:	
City:	Province:	Postal Code:	Phone:
<b>TRANSFER (check one box only)</b>			
<input type="checkbox"/> All in cash (All assets will be liquidated)	<input type="checkbox"/> All in Kind	<input type="checkbox"/> All Assets Mixed (cash and in kind) Please list below which are to be liquidated and which are to be transferred in kind	<input type="checkbox"/> Partial (Please provide details below)
<b>Please attach most recent statements.</b>			
In Cash: <input type="checkbox"/>	In Kind: <input type="checkbox"/>	In Cash: <input type="checkbox"/>	In Kind: <input type="checkbox"/>
_____ Investment		_____ Investment	
In Cash: <input type="checkbox"/>	In Kind: <input type="checkbox"/>	In Cash: <input type="checkbox"/>	In Kind: <input type="checkbox"/>
_____ Investment		_____ Investment	
<input type="checkbox"/> Additional details attached due to insufficient room			

### Client Authorization

I hereby request the transfer of my account and its assets 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 applicable fees, charges or adjustments. I also authorize the receiving institution to request information and updates regarding my account as required for the processing of my transfer as well as to act on my behalf in resolution of any incidental differences or adjustments which may arise with you as a result of this account transfer request. I hereby consent to the disclosure of information regarding my account to the receiving institution and the collection and use of that information by the receiving institution for that purpose.

**\*PLEASE CANCEL ALL OPEN ORDERS (G.T.C.) FOR MY ACCOUNT(S) ON YOUR BOOKS.**

Client Signature	Date (mm/dd/yy)	Co-Account Holder Signature	Date (mm/dd/yy)
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*Revised date Sept 2007*

