Letter of Direction for

Fund Switches

Date: _____

Attn: _____ (carrier name) **Fax:** _____ (carrier fax no.)

From: _____ (agent name) **Fax:** _____ (agent fax no.)

_____ (agent code) **Tel:** _____ (agent tel no.)

Client: _____ (name)

A/C: _____ (account no.)

A/C type: **Non-Reg** **RRSP** **SRSP** **TFSA** **LRSP/LIRA** **RESP** **Other** _____

Please make the following fund switches:

Switch From: **Switch To:**

Fund Number	Fund Name	Amount of switch ($ or %)	Fund Number	Fund Name	Amount of switch ($ or %)	Wire Order Number

Client Signature: _____ or If **LTA** on file: indicate time & date of client's instruction

_____

Agent Signature: _____