

**AREA 1 – ANNUITANT INFORMATION**

Annuitant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

**AREA 2 – TRANSFER INFORMATION**

**Relinquishing Institution:**

Name of RSP/LIRA Issuer: \_\_\_\_\_ Plan Number / Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Please transfer:**

**IN CASH**  All of the property **OR**  the lump sum of \$ \_\_\_\_\_  
*and/or*

- IN KIND**
- CCP100: Class A - Series A Common Shares (Diversified)
  - CCP101: Class A - Series F Common Shares (Diversified)
  - CCP102: Class A - Series A Common Shares (Diversified)
  - CCP103: Class A - Series B Common Shares (Diversified)
  - CCP200: Class R - Series A Common Shares (Resources)
  - CCP201: Class R - Series F Common Shares (Resources)
  - CCP202: Class R - Series A Common Shares (Resources)
  - CCP203: Class R - Series B Common Shares (Resources)

**Receiving Institution:**

SaskWorks Venture Fund Inc.  
 c/o Prometa Fund Support Services  
 220-155 Carlton Street, Winnipeg MB R3C 3H8  
 Toll Free: 1-866-992-7696 Fax: 1-855-766-8020

Dealer #: \_\_\_\_\_ Rep #: \_\_\_\_\_ Advisor Name: \_\_\_\_\_

Specimen Plan #: RSP 145-687  New (Subscription Form required)  Existing Client Account #: \_\_\_\_\_

**INVESTMENT OPTIONS:**

- CCP101: Class A - Series F Common Shares (Diversified) \$ \_\_\_\_\_ **OR** % \_\_\_\_\_
- CCP103: Class A - Series B Common Shares (Diversified) \$ \_\_\_\_\_ **OR** % \_\_\_\_\_
- CCP201: Class R - Series F Common Shares (Resources) \$ \_\_\_\_\_ **OR** % \_\_\_\_\_
- CCP203: Class R - Series B Common Shares (Resources) \$ \_\_\_\_\_ **OR** % \_\_\_\_\_

Date: \_\_\_\_\_ Client Signature: \_\_\_\_\_

**AREA 3 – RELINQUISHING INSTITUTION ONLY (Do not issue a T4RSP slip for the amount transferred)**

Registered Type:  RSP  LIRA  TFSA  
 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: \_\_\_\_\_

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_