

Form 13699

NATIONAL BANK DIRECT BROKERAGE INC.  
1100, rue University, 7e étage, Montréal (Québec) H3B 2G7

**AUTHORIZATION TO TRANSFER ACCOUNT**

NATIONAL BANK DIRECT BROKERAGE INC.  
Express Brokerage Division  
Order-execution service

(Print in Block Letters)

TO \_\_\_\_\_  
Name of Broker who has to

**1 Identification of transferor**  
Indicate the name of the financial institution making the transfer.

Name of Client \_\_\_\_\_

Social Insurance No. \_\_\_\_\_

Address \_\_\_\_\_ (Apt.) \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

**2 Identification of client**  
Indicate the name of the financial institution making the transfer.

**3** Tick the appropriate box for the client's brokerage mode

To whom it may concern,

I hereby authorize that the account(s) Brokerage ("Brokerage") and that Brokerage debit balance. Deliveries of securities account(s) by Brokerage.

**4** Tick one box, either "in Cash" or "in Kind." "Total" or "Partial"

to  National Bank Direct Brokerage Inc. OR to  Express Brokerage Division. This transfer includes all securities, long and short, and any credit or debit. These instructions are subject to the acceptance of said

Please transfer all:  in cash or  in kind

TOTAL OR  PARTIAL: \$ \_\_\_\_\_

ACCOUNT NUMBER AT CEDING BROKER*	ACCOUNT NUMBER AT BROKERAGE	TYPE OF ACCOUNT (Cash or margin)	CURRENCY
1- _____	_____	_____	_____
2- _____	_____	_____	_____
3- _____	_____	_____	_____
4- If the transfer is partial, specify the security (ies) to be transferred. List them here or attach a detailed list signed by the client.			
5- _____			

In the event that, for any reason, any of the securities held in my account cannot be delivered to Brokerage in accordance with the related instructions, I request that you contact me in writing immediately, indicating the security in question and the reason for which it cannot be delivered.

I acknowledge that you may require a fee to be paid prior to delivery of the account(s) and hereby instruct Brokerage to pay or have this fee deducted from any credit balance with you, in accordance with your current schedule of published rates.

I have also asked Brokerage to act on my behalf to settle any incidental account differences or adjustments which may arise with you as a result of this account transfer request.

**8** Indicated the contract date.

\_\_\_\_\_ COPY OF ACCOUNT(S) STATEMENT(S).

\_\_\_\_\_ PEN ORDERS (G. \_\_\_\_\_)

**9** Signature of witness

**10 Authorization from client**  
The client must sign the form

Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Signature of Client \_\_\_\_\_

**TO BE COMPLETED BY THE BROKER AND BROKERAGE**

**INFORMATION ON BROKER**

Name of Broker \_\_\_\_\_

Address \_\_\_\_\_

Department/City \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone No. \_\_\_\_\_

FINS Number \_\_\_\_\_

**11 Information on the transferring institution**  
Indicate the name and postal address of the institution transferring the account

**INFORMATION ON BROKERAGE**

NATIONAL BANK DIRECT BROKERAGE INC.

EXPRESS BROKERAGE

1100, rue University, 7e étage

Address \_\_\_\_\_

Montréal (Québec)

Department/City \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone No. \_\_\_\_\_

FINS Number: M098

**12** For use by individual completing the request

Important ! Any request that has not been properly completed (incomplete, information on client or transferring institution omitted) will automatically be rejected.