



### TAX-FREE SAVINGS ACCOUNT (TFSA) TRANSFER FORM

- Use this form to transfer your TFSA funds from another financial institution to Zag Bank.
- Simply complete Section 1 and mail the form to the address in Part C. We'll handle the rest for you.

6807 Railway Street SE, Unit 120  
 Calgary, Alberta T2H 2V6

**Section 1 - Account Holder**

Last Name		First Name and Initial(s)	Social Insurance Number
Street Address			City/Town
Province	Postal Code	Telephone Number	Email

**Part A – Details of the TFSA you are transferring funds from**

I am the account holder of the Tax-Free Savings Account (TFSA)

Individual Plan Name and Number \_\_\_\_\_

Name of Financial Institution (where TFSA is held)	Address of Financial Institution (where TFSA is held)
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**Part B – Description of amount to be transferred IN CASH ONLY**

Please transfer the TFSA funds as indicated below.

The entire balance of the account

A portion of the balance, in the amount of \$ \_\_\_\_\_

I have requested a transfer of the amount indicated above. I agree to pay any applicable fees, charges or adjustments. \_\_\_\_\_  
*Initials*

**Part C – Details of the TFSA you are transferring funds to**

Please transfer the TFSA funds noted above to my

Zag Tax-Free Savings account. Account number \_\_\_\_\_

Zag Tax-Free GIC account. Account number \_\_\_\_\_

Name of Receiving Financial Institution <b>Zag Bank</b>	Mailing Address of Receiving Financial Institution <b>6807 Railway Street SE, Unit 120, Calgary, Alberta T2H 2V6</b>
Date	Account Holder's Signature

**Section 2 – Zag Bank (Specimen Plan number TFSA 01680107)**

Zag Bank agrees to the request above for a transfer of the funds. When we receive the funds, it will be credited to the account identified in Part C of Section 1.

Transferee's Name	Authorized Person's Signature
Date	Position in Office

The plan is registered under the Income Tax Act (Canada) or, if the plan is not registered, we will apply for such registration.

**Section 3 – Transferring Financial Institution**

We have transferred \$ \_\_\_\_\_ from the TFSA identified in Part A of Section 1 to Zag Bank and I certify the information given is correct and complete.

Transferor's Name	Authorized Person's Signature	Telephone Number
Date	Position in Office	