

# ING DIRECT Funds Limited

## Direct Transfer of Non-Registered Account



**ING DIRECT**

Mutual Funds

Please complete a separate form for each Delivering Institution.

### Transfer information

#### Your Information:

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET APT. #

\_\_\_\_\_ CITY PROVINCE POSTAL CODE

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SIN #: \_\_\_\_\_  
DD MM YY

Client Number: \_\_\_\_\_ Account #: \_\_\_\_\_

#### Receiving Institution:

**ING DIRECT Funds Limited**  
 103 - 111 Gordon Baker Road  
 Toronto, Ontario M2H 3R1  
 Telephone: 1-877-464-5678 or 416-497-6204  
 Fax: 1-877-464-7797 or 416-497-8908  
**DEALER/REPRESENTATIVE #7650-0000**

#### Delivering Institution:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET APT. #

\_\_\_\_\_ CITY PROVINCE POSTAL CODE

Account #: \_\_\_\_\_

### Instructions

Dear Sir/Madam,

This is my authorization to the Delivering Institution to deliver to ING DIRECT Funds Limited the account(s) carried for me, and to ING DIRECT Funds Limited to receive this/these account(s). These instructions are given subject to ING DIRECT Funds Limited's approval of my account(s). I would like the servicing of my non-registered account(s) listed below to be changed. Please transfer the administration of my account(s) to: **ING DIRECT Funds Limited – Dealer/Representative #7650-0000.**

Please list the Delivering Institution Account Number(s) and Mutual Fund Name(s):

#### TRANSFERS IN CASH ONLY

Delivering Institution Fund Name:	Redeem	Amount:	Investment instructions:
	All		Fund Name: Investment Selection (\$):
_____	<input type="checkbox"/> <b>or</b>	\$ _____	Streetwise Balanced Income Fund _____
_____	<input type="checkbox"/> <b>or</b>	\$ _____	Streetwise Balanced Fund _____
_____	<input type="checkbox"/> <b>or</b>	\$ _____	Streetwise Balanced Growth Fund _____
_____	<input type="checkbox"/> <b>or</b>	\$ _____	Streetwise Equity Growth Fund _____

Please terminate any PAC (Pre-Authorized Contribution) or AWD (Automatic Withdrawal) plan(s) which may be currently running on mutual fund positions held in this/these account(s).

### Acknowledgement and consent. By signing below, I/we agree to the following:

In the event that, for any reason, any of the mutual funds cannot be delivered to ING DIRECT Funds Limited in accordance with this instruction, I request that the Delivering Institution contact ING DIRECT Funds Limited in writing immediately, indicating the mutual fund affected and the reason for the inability to deliver.

I have also authorized ING DIRECT Funds Limited to act on my behalf in the resolution of any incidental account differences or adjustments which may arise with the Delivering Institution as a result of this request.

Client Name: \_\_\_\_\_ Joint Account Holder Name: \_\_\_\_\_

Client Signature: X \_\_\_\_\_ Joint Account Holder Signature: X \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_