

ING DIRECT Funds Limited

Direct Transfer of Non-Registered Account



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"/> or	\$ _____	Streetwise Balanced Income Fund _____
_____	<input type="checkbox"/> or	\$ _____	Streetwise Balanced Fund _____
_____	<input type="checkbox"/> or	\$ _____	Streetwise Balanced Growth Fund _____
_____	<input type="checkbox"/> or	\$ _____	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: _____