

## TRANSFER FORM

## Please email this form to invest@mfa.bc.ca with the subject line to read "Pooled Investment Funds Transaction"

Participant Info	ormation		
Organization Lega	l Name:		
Contact Person:		Contact Phone #:	
Contact Email:			
Pooled Investm	ent Account Informati	ion	
Value Date:			
Transfers can be post	dated up to 30 calendar days in	advance	
Amount to be Trai	nsferred:		
Transfer FROM:			
Pooled Investme	nt Account Number:		
Portfolio Type:			
	Money Market Fund	Intermediate Fund	Bond Fund
Transfer TO:			
Pooled Investme	nt Account Number:		
Portfolio Type:			
	Money Market Fund	Intermediate Fund	Bond Fund
_	norize MFABC to complete this transaction		MFABC). The following Signing Authoritie(s) hereby approve ent funds to complete this transaction, any fees or penalties
Signature:		Signature:	
Print Name:		Print Name:	

For this transaction to be accepted with trade date today, the email must be received at MFABC before 11:00am Pacific Standard Time. Transfers received after 11:00am Pacific Standard Time will be processed on the next business day.