



**Application for a Prescribed Transfer
from a Life Income Fund (LIF) or
Locked-In Retirement Income Fund (LRIF)
to a Prescribed Registered Retirement Income Fund Contract**
(Section 21.4 of *The Pension Benefits Act* of Manitoba and subsection 18.2 of the Regulation)
CIBC Investor Services Inc.

NOTE: An application may only be made in respect of a LIF or LRIF that is locked-in under *The Pension Benefits Act* of Manitoba and Regulation.

Financial Institution Information

Name of Financial Institution managing the Applicant's LIF(s) or LRIF(s)

CIBC Investor Services Inc.

Mailing Address (<i>print or type address</i>)	Apt. No.	City	Province	Postal Code
Contact Name	Telephone No.			
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If you wish to make a prescribed transfer from LIF(s) or LRIF(s) managed by different institutions, you must make a separate application to each institution.

Applicant Information

Name of Applicant

Name of Applicant				
Mailing Address (<i>print or type address</i>)	Apt. No.	City	Province	Postal Code
Home Telephone No.	Fax No.	E-Mail Address	Applicant's Social Insurance No.	Date of Birth (<i>dd/mm/yyyy</i>)
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Consent of Cohabiting Spouse or Common-law Partner

Subsection 21.4(5) of *The Pension Benefits Act* requires that if you were a pension plan member and you have a spouse or common-law partner; and at the time of making the application you are not living separate and apart from the spouse or common-law partner by reason of a breakdown of your relationship, the prescribed transfer cannot be made unless the spouse or common-law partner consents in writing by completing the "Spouse's/Common-law Partner's consent to transfer to a Prescribed Registered Retirement Income Fund Contract".

- I **do not have** a spouse or common-law partner, within the meaning of *The Pension Benefits Act* of Manitoba (Act) whose consent is required by subsection 21.4(5) of the Act.
- I **do have** a spouse or common-law partner, within the meaning of *The Pension Benefits Act* of Manitoba (Act) whose consent is required by subsection 21.4(5) of the Act and is attached to this application.

Name of Spouse or Common-law Partner

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Fund and Prescribed Transfer Information

Identify for each of your LIFs or LRIFs managed by the financial institution, the account number, maximum amount available for a prescribed transfer and the amount to be transferred.

LIF or LRIF	Account No.	Maximum Amount Available	Amount Requested to be Transferred

You are limited to a one-time transfer of up to 50% of the balance in one or more LIFs or LRIFs to a Prescribed Registered Retirement Income Fund.

**Application for a Prescribed Transfer from a Life Income Fund (LIF) or
Locked-In Retirement Income Fund (LRIF) to a Prescribed Registered Retirement Income Fund Contract**

Prescribed RRIF Information

Name of Financial Institution that will manage and issue the Prescribed RRIF Contract

Mailing Address (*print or type address*) _____ Apt. No. _____ City _____ Province _____ Postal Code _____

Prescribed RRIF Account No.

Applicant's Statement

The application will be void and the transfer will not be made unless the completed application, including:

- the written consent of a spouse or common-law partner, if applicable,
- a written statement received by the Applicant from the Superintendent of Pensions confirming that he or she is satisfied that a prescribed transfer has not previously been made by the Applicant, and
- any other information the financial institution requires to facilitate the prescribed transfer,

is filed with the financial institution within 75 days after the day the "Statement of Information" specified in subsection 18.2(5.4) of the regulation was provided to the Applicant.

The financial institution must make the prescribed transfer within 30 days after receiving the documents mentioned above provided all of the requirements for a prescribed transfer under *The Pension Benefits Act* and regulation have been satisfied.

I declare that on the date I sign this application:

- a) all the information contained in this application and the documents that accompany this application are accurate and complete;
- b) I have not previously made a prescribed transfer from one or more LIFs or LRIFs to a prescribed Registered Retirement Income Fund under section 21.4 of *The Pension Benefits Act*;
- c) I have reviewed the information specified in section 18.2(5.4) of the regulation for each LIF or LRIF in respect of which an application for a prescribed transfer is being made;
- d) I am at least 55 years of age;
- e) I understand that the maximum amount available for this transfer would have to be reduced in accordance with the legislation, if there are any amounts required to be paid from the LIF/LRIF pursuant to an order under section 14.1 of The Garnishment Act, section 59.3 of The Family Maintenance Act or section 31(2) of The Pension Benefits Act. I confirm that I have advised the LIF/LRIF issuer of any such existing orders in order that it may comply with the legislation;
- f) I give my consent to the financial institution to contact The Manitoba Enforcement Program, Manitoba Justice, office in order to determine the existence of any of the orders noted above.

Further, I understand no additional prescribed transfer will be permitted under section 21.4 of *The Pension Benefits Act* of Manitoba and the Pension Benefits Regulation.

It is an offence under *The Pension Benefits Act* to provide information in this Application which is not true, accurate, and complete, punishable on conviction by a maximum fine of \$100,000.

It is a criminal offence under sections 366 to 368 of the federal *Criminal Code* for anyone to knowingly make or use a false document with the intent that it be acted on a genuine, punishable on conviction by a maximum term of 10 years imprisonment.

I signed this application form at _____, _____
City/Town Province

this _____ day of _____, _____
Day Month Year

Signature of Witness

Signature of Applicant

Name of Witness (*print*)

Application for a Prescribed Transfer from a Life Income Fund (LIF) or
Locked-In Retirement Income Fund (LRIF) to a Prescribed Registered Retirement Income Fund Contract

Request to Superintendent of Pensions for Statement of Satisfaction

The Applicant must submit to the Superintendent of Pensions within 30 days after receiving the "Statement of Information" specified in subsection 18.2(5.4) of the regulation a completed and signed copy of the application form, including the "Spouse's/Common-law Partner's Consent to transfer to a Registered Retirement Income Fund Contract" completed and signed by the spouse or partner, if required, along with:

- a request that the Superintendent provide a written statement confirming that he or she is satisfied that a prescribed transfer has not previously been made by the Applicant.

If you have completed separate applications to two or more financial institutions for a prescribed transfer, you must provide the Superintendent with completed and signed copies of all the applications at the same time.

The above documents must be mailed to the Pension Commission of Manitoba at the address indicated below. Originals should not be mailed as none of the above documents will be returned.

Superintendent of Pensions
Pension Commission of Manitoba
1004-401 York Avenue
Winnipeg, MB R3C 0P8

Dear Sir/Madam:

I request that the Superintendent of Pensions provide me, _____ the Applicant ,
(print or type first, middle and last name)
with a written statement confirming that he or she is satisfied that I have not previously made a prescribed transfer under section 21.4 of *The Pension Benefits Act*.

I understand that the Superintendent's written statement of confirmation will be mailed to my mailing address identified on the application form.

Signed at _____ , _____
City/Town Province

this _____ day of _____ , _____
Day Month Year

Signature of Applicant

Statement of Information For a LIF/LRIF
CIBC Investor Services Inc.

Statement of Information For a LIF/LRIF ("Statement of Information")

(The information below is to be provided to the annuitant of a LIF/LRIF who has made an application for a prescribed transfer to a Prescribed RRIF contract pursuant to section 21.4 of *The Pension Benefits Act* of Manitoba and subsection 18.2(5.4) of the Regulations.)

Annuitant's Name	LIF/LRIF Account No.

The balance of the LIF/LRIF account as of the date the request for the prescribed transfer was made:	\$ _____
Maximum ¹ Income Payable from this LIF/LRIF For the Current Year:	\$ _____
Maximum Unlocking Amount:	\$ _____
Projected maximum ² amount of income payable from the LIF/LRIF in the following year:	\$ _____
Amount requested to be transferred to the Prescribed RRIF:	\$ _____

By applying for a prescribed transfer from the above noted LIF/LRIF, the funds available to you in the future, as a retirement benefit, will be reduced. By signing this form you are certifying that you have reviewed the information provided in this statement and understand the effect of this prescribed transfer.

Dated at _____, _____
City/Town Province

this _____ day of _____, _____
Day Month Year

Signature of Applicant

I, _____ am the spouse or common-law partner of
(insert name of spouse or common-law partner)

_____ (the Applicant) within the meaning of *The Pension Benefits Act* of Manitoba (Act).
(insert name of applicant)

An application for a prescribed transfer from the above noted LIF/LRIF will reduce the amount available to you as the spouse or common-law partner of the annuitant, in the following situations;

- i) on the death of the annuitant,
- ii) in the event of a division of property on relationship breakdown, and
- iii) on the income that will be available from the LIF or LRIF in future years.

By signing this form you are certifying that you have reviewed the information provided in this statement and understand the effect of this prescribed transfer.

Dated at _____, _____
City/Town Province

this _____ day of _____, _____
Day Month Year

Signature of Spouse or Common-law Partner

¹ Determined in accordance with subsection 21.4(4) of the Act
² For the purpose of this projection, the LIF maximum must be based on a reference rate of 6% and for the LRIF based upon 6% of the fund value assuming the prescribed transfer is made on the date of the application.