

**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]

**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):

Mailing Address: _____
(print or type Address)

(City

Province

Postal Code)

Contact Name: _____ Contact Phone Number: _____

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

1. Name of Applicant:

(Mr./Mrs./Ms.)

(print or type first, middle and last name)

Mailing Address: _____
(print or type Address)

(City

Province

Postal Code)

Phone: (____) _____ Fax: (____) _____ E-Mail: _____

2. Birth date: ____/____/____
(Day / Month / Year)

3. Applicant's Social Insurance Number: ____/____/____

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 partner by reason of a breakdown of your relationship, the prescribed transfer cannot be made unless the spouse or partner consents in writing by completing the "Spouse's/Common-law Partner's consent to transfer to a Registered Retirement Income Fund Contract".

___ I do *not* have a spouse or common-law partner whose consent is required by subsection 21.4(5) of the Act.

___ I do have a spouse or common-law partner whose consent is required by subsection 21.4(5) of the Act.

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, if you wish to make a prescribed transfer and the amount to be transferred.

Column 1 LIF or LRIF	Column 2 Account No.	Column 3 Maximum Amount Available *	Column 4 Request for Prescribed Transfer		Column 5 Amount Requested to be Transferred **
			Yes	No	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

* Cannot exceed 50% of the balance in the LIF or LRIF

** The amount identified in Column 5 is the amount you wish to transfer from the LIF or LRIF identified in Column 1 (Cannot exceed the maximum amount available in Column 3 nor be shown as a percentage)

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.

Prescribed RRIF Information

Name of Financial Institution that will manage and issue the prescribed RRIF contract:

Mailing Address: _____

(print or type Address)

(City

Province

Postal Code)

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 "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;

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.

I sign this application form at _____, _____ this _____ day of _____, 20____
(city/town) (province)

(Signature of Applicant)

**SPOUSE'S / COMMON-LAW PARTNER'S CONSENT
TO TRANSFER
TO A REGISTERED RETIREMENT INCOME FUND CONTRACT**

[Clause 18.2(5.3)(f)]

This form is required to form a part of the application form. The form, including "Comments and Instructions", can be accessed through the Pension Commission website at <http://www.gov.mb.ca/labour/pension/forms/pdf/PRRIFspousalconsent.pdf>.

Request to Superintendent of Pensions for Statement of Satisfaction

The Applicant must submit to the Superintendent of Pensions within 30 days after receiving the "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 _____, _____ this _____ day of _____, 20____
(city/town) (province)

(Signature of Applicant)