

Form 5

(section 23.1 (1))

DECLARATION OF COMMUTABLE AMOUNT

I,, certify that

1 My birth date is[date], which means I am[age]. as of the date of this declaration.

2 I am a member or former member of the following defined contribution pension plans, regulated by the *Pension Benefits Standards Act*, and the current value of my pension benefit entitlements in each plan is as follows:

plan:	registration number:	value \$.....
plan:	registration number:	value \$.....
plan:	registration number:	value \$.....

(attach another page if more space is necessary)

3 I am the owner of the following locked-in RRSPs and life income funds (“LIFs”), regulated by the Pension Benefits Standards Regulation, and the current value of my entitlements in each plan or fund is as follows:

name of financial institution:	value \$.....
name of financial institution:	value \$.....
name of financial institution:	value \$.....
name of financial institution:	value \$.....
name of financial institution:	value \$.....

(attach another page if more space is necessary)

4 The total value of all my entitlements in all defined contribution plans, locked-in RRSPs and LIFs regulated by the *Pension Benefits Standards Act* and Pension Benefits Standards Regulation amounts to \$

5 The total value of all such benefit entitlements is less than 40% of the Year’s Maximum Pensionable Earnings as set for the Canada Pension Plan for the year during which this form is being completed and signed.

6 The above information is based on the most recent information I have available, and that information is less than 1 year old.

7 I am indicating my spousal status by selecting one of the following:

- I have never had a spouse.
- I previously had a spouse but no longer have one. The last person to be my spouse ceased being my spouse on, and that person’s name is (was)
- I currently have a spouse, my spouse’s name is, and my spouse has consented to the commutation of some or all of my pension benefit entitlements in defined contribution pension plans, locked-in RRSPs and LIFs by completing in the prescribed manner a spouse’s waiver of entitlements using Form 2. The completed Form 2 has been attached to this form.

8 None of the assets listed on this form are subject to a transfer of entitlements due to a marriage breakdown.

DATED at the City of[date].

.....
Signature of Declarant

.....
.....
.....
Address of Declarant

(home phone #):

(work phone #):

STATEMENT OF WITNESS

I certify that

(a) My full name is

(b) My address is

(c) I witnessed this declarant sign this form.

.....[date]
Signature of Witness

(home phone #):

(work phone #):

COMMENTS AND INSTRUCTIONS

This form must be completed if a member or former member of a defined contribution pension plan and/or the owner of a locked-in RRSP or life income fund (“LIF”), age 65 or older, wishes to commute some or all of the benefit entitlements in those plans or funds. The person may commute, on a non locked-in basis, up to the full amount of the person’s benefit entitlements in those plans and funds where the total value of all of that person’s entitlements in all defined contribution plans, locked-in RRSPs and LIFs regulated by the *Pension Benefits Standards Act* and Pension Benefits Standards Regulation is less than 40% of the Year’s Maximum Pensionable Earnings as set for the Canada Pension Plan for the year during which this form is being completed and signed.

If the person has a spouse the commutation can only proceed if the spouse has consented to the commutation by completing in the prescribed manner a spouse’s waiver of entitlements using Form 2. The completed Form 2 must be attached to this form, and has the effect of waiving spousal entitlements only in respect of the benefit entitlements in plans and funds listed on this form. The completed Form 2 does not operate to waive spousal entitlements to benefit entitlements in any other plans or funds the declarant may have.

This form must be

- completed in its entirety,
- signed and witnessed,
- filed with each relevant pension plan, savings institution and insurance company, and
- accompanied by a completed spouse’s waiver of entitlements, if applicable.

For further information please contact the pension plan administrator, savings institution or insurance company holding the money, or the Pensions Department of the Financial Institutions Commission of British Columbia, 13450 102nd Avenue, Suite 1200, Surrey, BC V3T 5X3; telephone: 604 953-5300, fax: 604 953-5301.