

Part I - Annuitant/Holder Request

(Name) _____ (Social Insurance Number) _____ (Telephone) _____

(Address) _____

PLEASE TRANSFER: Full Transfer ▶ [If Self-Directed indicate Market Value or Book Value (Transferor must provide asset details)]

Partial Transfer or lump sum of \$ _____

FROM: RRSP Spousal RRSP LIRA/LIRSP RLSP RPP DPSP Retiring Allowance

RRIF Spousal RRIF LIF LRIF MB RRIF RLIF SK RRIF TFSA

(Transferor Institution Name, Address and Phone Number) _____

(Contract or Plan #) _____ (Deposit #) _____ (Maturity Date, if applicable) (DD/MMM/YYYY) _____

TO: For RRSP/RRIF indicate: Spousal Non-Spousal

Contract # _____
Concentra Financial, 333 3rd Ave N, Saskatoon SK S7K 2M2
Attention: Deposit Services **Attention: Self-Directed**

Check applicable specimen plan RSP 584-001 OR Self-Directed RSP 145-005* or _____ } in cash, or
 RIF-003 Self-Directed RIF-380* or _____ } in kind
 TFSA 05840012 * trusted by Concentra Trust

If from RPP/DPSP: I am the member, OR, the beneficiary spouse**, OR, former spouse** due to breakdown of marriage or common-law partnership
** or other individual who has been given similar rights under applicable legislation

Where I have requested a transfer in cash, I authorize the liquidation of all or part of my investments. I agree to pay any applicable fees, charges or adjustments.

Date: _____ **Annuitant/Holder Signature** _____ OR, see attached letter
(DD/MMM/YYYY)

Certified By: _____, Concentra Financial
(Authorized Agent Name and Phone Number) (Transferee Institution)

Part II - Transferor Institution

Amount transferred: \$ _____ (Transferor to issue T4RIF for transfers from RRIF to RRSP, or T4A for Retiring Allowance transfer.)

Spousal contributions: No Yes Contributor Name: _____ SIN: _____

Locked-in Funds: No Yes (if yes, complete pension information below)

Retiring Allowance: Amount to be reported in Box 26 (Eligible Retiring Allowances) of the employee's T4A slip. \$ _____

From RRIF: The transfer is from a Qualifying Pre-1993 RRIF. No Yes

From RPP: We did not transfer \$ _____ of the amount in accordance with subsections 147.3(1) to (7), and, we will report this amount as income of the applicant on a T4A slip.

From TFSA: The value of property in the holder's TFSA just before the transfer was \$ _____.

Complete if amounts are Locked-In under Pension Legislation:

Locked-in Pension Amount \$ _____ Have funds been held in a LIF/LRIF/RLIF at any time during year of transfer? No Yes

If transfer to **ON Schedule 1.1 LIF:** What is income earned on Schedule 1 LIF, Schedule 1.1 LIF or LRIF transferred amounts during year of transfer? \$ _____

If transfer to **ON LRIF** or **Schedule 1 LIF:** Effective January 1, 2009. Not Permitted.

If transfer to **NL LRIF:** What is income earned on LIF transferred amounts during year prior to year of transfer? \$ _____

If transfer to **MB LRIF:** What is income earned on LIF transferred amounts during year of transfer? \$ _____

If transfer to **AB LIF:** What is income earned on LIF transferred amounts during year of transfer? \$ _____

What is the annual maximum payment for the year (LIF to LIF)? \$ _____

What amount of the annual maximum has been received by the annuitant (LIF to LIF)? \$ _____

Pension Jurisdiction (Provincial or Federal Act) _____

- Name of Company where individual was employed: _____
- Province where individual worked at termination: _____ Position Held: _____

Original RPP Name: _____

- Name/Address of Pension Plan Administrator: _____

- Year funds transferred out of pension plan: _____ Retirement Age specified under RPP: _____ (Normal) _____ (Early)

- Marital Status: _____ (MB Jurisdiction Only) • Annuity Rate Breakdown: \$ _____ (Unisex) \$ _____ (Sex Distinct)

- PEI and Federal Non-PBSA, 1985 Jurisdictions ONLY: Does the pension plan provide for release of funds if a medical practitioner provides a statement that the member's life expectancy has been shortened considerably? No Yes (copy of applicable section of RPP enclosed)

Date (DD/MMM/YYYY) _____ (Authorized Signature of Transferor Institution) _____ (Contact Phone Number) _____