



APPLICATION FOR A PRESCRIBED TRANSFER

Section 21.4 of The Pension Benefits Act of Manitoba and Sections 10.52 – 10.58 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

If you wish to make a prescribed transfer from LIFs, LRIFs or Pension Plans managed by different administrators, you must make a separate application to each administrator

I - APPLICANT INFORMATION

_____		_____	
First Name		Last Name	

Address			
_____		_____	_____
City		Province	Postal Code
_____/_____/_____		_____	
Date of Birth (Day/Month/Year)		Social Insurance Number	

II - ADMINISTRATOR INFORMATION

Name of Administrator (<i>Financial Institution or Pension Plan</i>)		

Address		
_____		_____
City	Province	Postal Code
LIF/LIRA Account # _____		
Authorized Administrator: <input type="checkbox"/> YES <input type="checkbox"/> NO		
If you are making a prescribed transfer from LIF(s), LRIF(s) or Pension Plan(s) managed by different administrators, you must authorize <u>one</u> of those administrators to act as the Authorized Administrator and only the Authorized Administrator will submit a Request to Superintendent of Pension for Written Notice.		

III – PRESCRIBED TRANSFER INFORMATION

Identify for each of your LIFs, LRIFs or Pension Plans:

- Name of the Administrator
- Address
- Maximum amount that may be transferred from the plan
- Amount to be transferred from each plan
- Date the information was provided by the administrator

Name of Administrator (Financial Institution or Pension Plan)	Address	Maximum Amount Available *	Amount to be Transferred	Date information provided by Administrator

* The maximum amount available is the maximum amount that may be transferred from the plan (must not exceed 50% of the amount in the plan), or in the case of a transfer from two or more plans, from each plan

YOU ARE LIMITED TO A ONE-TIME TRANSFER OF UP TO 50% OF THE BALANCE IN ONE OR MORE LIFs, LRIFs, OR PENSION PLANS TO A PRESCRIBED REGISTERED RETIREMENT INCOME FUND.

IV - PRESCRIBED RRIF ADMINISTRATOR INFORMATION

Name of Prescribed RRIF Administrator that will manage and issue the prescribed RRIF contract		
Address		
City	Province	Postal Code
Prescribed RRIF Account # _____		

V – TRANSFER CONSENT OF COHABITATING 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 'Form 4 – Consent to Prescribed Transfer of Manitoba Locked-In Money' available on the Office of the Superintendent's (OSPC) website.

- 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. I have attached a completed *Form 4 – Consent to Prescribed Transfer of Manitoba Locked-In Money*

VI – REQUEST TO SUPERINTENDENT OF PENSIONS FOR WRITTEN NOTICE

Only the authorized administrator as designated by the applicant can submit a request to the superintendent.

After receiving the completed application, the Authorized Administrator must request the Superintendent of Pensions to verify that the superintendent has no record of a previous one-time transfer by the applicant. The request must include information as outlined in subsection 10.56(8) of the regulation. If the applicant is requesting a transfer be made from plans administered by different administrators, each administrator who is not authorized must promptly provide to the administrator the required information.

The authorized administrator can submit a request one of two ways:

- In writing, by completing a 'Request to Superintendent of Pensions for Written Notice', and mailing or faxing only this form to the OSPC, or
- online, by completing a 'Request to Superintendent of Pensions for Written Notice' form

VII - APPLICANT'S STATEMENT (as per 10.56(d) of the regulation)

I declare that on the date I sign this application:

- I have not previously made a prescribed transfer from one or more LIFs, LRIFs or Pension Plans to a prescribed Registered Retirement Income Fund under section 21.4 of *The Pension Benefits Act*;
- I authorize the administrator that I've designated in Section II above, to request to the Superintendent of Pensions to verify that the Superintendent has no record of a previous one-time transfer and to provide the superintendent's response to each of the administrators, if there is more than one.
- All the information contained in this application and the documents that accompany this application are accurate and complete

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:

(city/town)

(province/territory/state)

(country)

this _____ day of _____, 20_____

(Signature of Applicant)

The application will be void and the transfer will not be made unless the administrator has received the following information:

- **A written transfer consent of a spouse or common-law partner, if applicable**
- **A written notice received by the administrator 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**

The administrator must be satisfied that:

- **The Applicant is at least 55 yrs old**
- **The administrator has not facilitated and is not aware of a previous one-time transfer by the applicant**
- **No part of the amount to be transferred is the subject of an order**
 - i. **Under The Garnishment Act to enforce a maintenance order, or**
 - ii. **Under section 59.3 of The Family Maintenance Act to preserve assets**

The Applicant must provide the completed application to the administrator, together with the completed transfer consent, if required, within 30 days after receiving the application form and the information to be provided under subsection 10.56(3).

The Administrator(s) must make the prescribed transfer within 90 days after providing the information to be provided to the applicant under subsection 10.56(3).

COMMENTS AND INSTRUCTIONS

This form must be completed by the spouse or common-law partner of:

- a member of a pension plan, or
- a member-owner of a Life Income Fund (LIF) or Locked-in Retirement Income Fund (LRIF)

who wishes to make an application for a one-time transfer of up to 50% of the balance in one or more of his or her pension plans, LIFs or LRIFs to a prescribed Registered Retirement Income Fund.

Prior to completing this form, the spouse or common-law partner should consider obtaining independent legal advice concerning his or her individual rights and the effect of this waiver as well as qualified financial advice about the financial consequences.

This form must be:

- completed in its entirety;
- signed by the spouse or common-law partner, and witnessed while the member-owner is not present;
- filed with the administrator;
- used for benefits earned under a pension plan subject to *The Pension Benefits Act* of Manitoba and Regulation; and
- before money is transferred to another vehicle permitted under the Regulation, provided to the administrator of the vehicle receiving the money.

For further information please contact the administrator.

Definitions

Administrator

Means in relation to a pension plan, the person or body of persons responsible for administering the plan, and in relation to a Locked-in Retirement Account (LIRA), LIF, LRIF or Prescribed RRIF, the financial institution responsible for administering the fund.

Common-law partner of a member or former member-owner means

(a) a person who, with the member or former member, registered a common-law relationship under section 13.1 of *The Vital Statistics Act*, or

(b) a person who, not being married to the member or former member, cohabited with him or her in a conjugal relationship

- (i) for a period of at least three years, if either of them is married, or
- (ii) for a period of at least one year, if neither of them is married.

Member

Means an employee or former employee who is accruing or entitled to a pension under a pension plan, but is not yet retired and receiving a pension under the plan.

Member-owner

Means the individual identified in the LRIF or LIF contract as the annuitant who as a former member of a pension plan transferred a pension benefit credit directly or indirectly to that LIF or LRIF.

Prescribed RRIF

Means a personal retirement income fund as defined in the Income Tax Act (Canada) that is also subject to certain rules set out in Manitoba's Pension Benefits Act and Regulations. Funds in a prescribed RRIF are not locked in.

Prescribed Transfer

Means the unlocking of up to 50 percent of the balance of a member's pension plan or member-owner's LIF or LRIF and a one-time transfer of that balance to a prescribed Registered Retirement Income Fund (RRIF).

Spouse

Where used in relation to another spouse means the person who is married to that other spouse, and "spouses" mean two persons who are married to each other.



FORM 4
CONSENT TO PRESCRIBED TRANSFER OF
MANITOBA LOCKED-IN MONEY

The Pension Benefits Act, Section 21.4, Pension Benefits Regulation, Division 4 of Part 10

I, _____, am the spouse or common-law partner
(as described below) of _____
(name of member or member-owner)

The member or member-owner earned benefits under a pension plan subject to *The Pension Benefits Act* of Manitoba (Act) and Regulation, and was employed in Manitoba on the day he or she ceased to be an active member of the plan.

I understand that under the Act

- the member or member-owner may make a one-time transfer to unlock up to 50% of the value of his or her pension benefit credit under a pension plan, **or** his or her balance in one or more Life Income Funds (LIFs) or Locked-in Retirement Income Funds (LRIFs) to a Prescribed RRIF known as a Prescribed Transfer;
- the member or member-owner cannot make a Prescribed Transfer without my written consent;
- if I sign this consent the amount of funds from the member or member-owner's pension plans, LIFs or LRIFs available to me will be reduced:
 - as a survivor on the member or member-owner's death; and
 - as a spouse, former spouse or former common-law partner should the funds be required to be divided under the credit splitting provisions.

I certify that

- I have read this consent and understand it;
- I have read the member or member-owner's completed application and one of the following:
 - the member's retirement statement from the administrator for each pension plan for which an application for a prescribed transfer is being made, and
 - the statement from the administrator setting out the maximum amount that can be transferred from each LIF or LRIF for which an application for a prescribed transfer is being made

and know the amount of the Prescribed Transfer as stated in the application for which the application is being made;

- I am aware of the consequences of the Prescribed Transfer, and despite the consequences, I consent to the proposed Prescribed Transfer;
- I am not living separate and apart from the member or member-owner by reason of a breakdown of our relationship;

- the member or member-owner is not present while I am signing this consent;
- I am signing this consent of my own free will without duress, coercion or compulsion of any kind; and
- I realize that:
 - this form only gives a general description of the legal rights I have under the Act and the regulation, and
 - if I wish to understand exactly what my legal rights are, I must read the Act and the regulation and seek legal advice.

I hereby consent to the Prescribed Transfer by signing this form in the presence of a witness.

I sign this form at

_____ (city/town) _____ (province/territory/state) _____ (country)

this _____ day of _____, _____

_____ (signature of spouse or common-law partner)

I, _____, of _____ (print name of witness)

_____ (print address of witness)

do witness the signature of the spouse or common-law partner who signed this form before me outside of the presence of the member or member-owner.

_____ (signature of witness)

Reference:

The Pension Benefits Act, Section 21.4
Pension Benefits Regulation, Division 4 of Part 10