

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

(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 In Cash

Attention: Self-Directed Unit

Check applicable specimen plan RSP 145-682 Atlantic Baptist Foundation*

or

RIF-1371 Atlantic Baptist Foundation*

* 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 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.

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

If transfer to **MB LIRA/LIF:** The annuitant has or has not made a One-time transfer with our organization or that we are aware of.

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: _____ • Annuity Rate Breakdown: \$ _____ \$ _____
(MB Jurisdiction Only) (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)