

### Part I - Annuitant/Holder Request

(name) \_\_\_\_\_ (social insurance number) \_\_\_\_\_ (phone) \_\_\_\_\_

(address) \_\_\_\_\_

**PLEASE TRANSFER:**  Full Transfer  
 Partial Transfer or lump sum of \$ \_\_\_\_\_

**FROM:**  RRSP  Spousal RRSP  LIRA/Locked-in RRSP  RLSP  RPP  DPSP  Retiring Allowance  
 RRIF  Spousal RRIF  LIF  LRIF  Prescribed RRIF  RLIF  TFSA

(transferor institution name, address and phone) \_\_\_\_\_

(contract or plan #) \_\_\_\_\_ (deposit #) \_\_\_\_\_ (maturity date, if applicable) (dd/mmm/yyyy) \_\_\_\_\_

**TO:** **Concentra, 333 3rd Ave N, Saskatoon SK S7K 2M2**

For RRSP/RRIF indicate:  Spousal  Non-spousal

Contract # \_\_\_\_\_

**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  Self-Directed TFSA 01452424\*

\* trustee 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  
 (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 T4 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 66 (Eligible Retiring Allowances) of the employee's T4 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 (8), 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/LITB Account 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 **MB LIF:** What is the annual maximum payment for the year (LIF/VBA to LIF)? \$ \_\_\_\_\_

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

If transfer to **AB or BC LIF:** What is the annual maximum payment for the year (LIF/LITB Account to LIF)? \$ \_\_\_\_\_

What amount of the annual maximum has been received by the annuitant (LIF/LITB Account 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)

• Annuity rate breakdown: \$ \_\_\_\_\_ (unisex) \$ \_\_\_\_\_ (sex distinct)

• PEI Jurisdiction 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 #) \_\_\_\_\_