



한인신용조합
KOREAN (TORONTO) CREDIT UNION LIMITED

Korean(Toronto)Credit Union Ltd.

Please return the completed form with cheque,
and any attachments, to credit union/caisse populaire.

Direct Transfer-In

Part I - Annuitant/Holder Request

(name) (social insurance number) (phone)

(address)

PLEASE TRANSFER: ☐ all the property, OR, ☐ lump sum of \$ ☐ in cash, or ☐ in kind

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: For RRSP/RRIF indicate: ☐ Spousal ☐ Non-spousal

Contract # at KOREAN(TORONTO)CREDIT UNION LTD.
(credit union/caisse populaire)

180 STEELES AVE. W #3, THORNHILL, ON L4J 2L1
(address)

Check applicable specimen plan (Trustee: Concentra Trust)

☐ Credit Union Retirement Savings Plan RSP145-658

☐ Credit Union Retirement Income Fund RIF-988

☐ Credit Union Tax Free Savings Account TFSA

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

Certified by: KOREAN(TORONTO)CREDIT UNION LTD.
(authorized signature of transferee) (credit union/caisse populaire name and phone number)

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 LIF: What amount has been paid to annuitant in year of transfer (LIF/LRIF to LIF)? \$

If amount paid includes temporary income, specify amount: \$

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 #)

Print Reset