

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 Credit Union Retirement Savings Plan RSP 0673-001
 Credit Union Retirement Income Fund RIF
 Credit Union Tax Free Savings Account TFSA 06730014

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: _____ KOREAN (TORONTO) CREDIT UNION LTD. / 905-889-2703
 (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 #)