

## DIRECT TRANSFER

### PART I – Annuitant Request

(Name) \_\_\_\_\_ (Social Insurance Number) \_\_\_\_\_ (Telephone) \_\_\_\_\_

(Address) \_\_\_\_\_

(Name and Address of Issuer) \_\_\_\_\_

(Contract #) \_\_\_\_\_ (Deposit #) \_\_\_\_\_ (Maturity Date of Deposit) \_\_\_\_\_

PLEASE TRANSFER IN CASH:  All of the property OR  Partial (Amount/Details):

FROM the above  RRSP  Spousal RRSP  RRIF  RPP  DPSP  LIF  LRIF  TFSA

To: **Achieva Financial, P.O. Box 2729, Winnipeg, Manitoba, R3C 4B3 (1-877-224-4382)** ACCOUNT# \_\_\_\_\_

Credit Union Retirement Savings Plan RSP 145-658 Credit Union Retirement Income Fund RIF – 988 CU Tax Free Savings TFSA01450014  
Trustee: Concentra Trust

If from RPP:  I am the member OR  the beneficiary spouse OR  Former spouse due to marriage breakdown

If from DPSP:  I am the member OR  the beneficiary spouse

(Date) \_\_\_\_\_ (Annuitant Signature) \_\_\_\_\_ or  see attached letter

Authorized Signature by Transferee \_\_\_\_\_

### Part II – Transferor Institution

Amount transferred \$ \_\_\_\_\_ (Transferor to issue a T4RIF for transfers from RRIF to RRSP, or T4A for transfer of Retiring Allowance)

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 employees 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 the applicant's income on a T4A slip.

Is this a transfer from a Prescribed Manitoba RRIF?  No  Yes

#### Complete the following if any amounts are Locked-in under Pension Legislation:

Locked in Pension Amount \$ \_\_\_\_\_ Have funds been held in a LIF/LRIF in year of transfer?  No  Yes

If transfer to **ON LRIF**:  
1) What is income earned on LIF/LRIF transferred amounts during year of transfer? \$ \_\_\_\_\_  
2) What is the "maximum room" carry forward amount from LRIF \$ \_\_\_\_\_

If transfer to **AB or NF LRIF**: What is income earned on LIF transferred amounts during year prior to year of transfer? \$ \_\_\_\_\_

If transfer to **MB LRIF**: What is income earned on LIF transferred amounts during year of transfer? \$ \_\_\_\_\_

#### 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 the RPP: \_\_\_\_\_

- Marital Status: \_\_\_\_\_

(MB Jurisdiction only)

Annuity Rate Breakdown: \$ \_\_\_\_\_ (Normal) \$ \_\_\_\_\_ (Early)  
(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 \_\_\_\_\_

Authorized Signature of Transferor Institution \_\_\_\_\_

Print Name \_\_\_\_\_

Contact Phone # \_\_\_\_\_

**PLEASE RETURN THIS FORM WITH THE CHEQUE**



Please indicate where you would like your RRSP funds once they are transferred to our office and return with the Direct Transfer-In of RRSP Form.

RRSP Savings

Compounding RRSP GIC

**Select GIC Term**

1yr  2yr  3yr  4yr  5yr