

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 RRIF funds deposited once they are transferred to our office and return with the Direct Transfer Form.

RRIF Savings

Compounding RRIF GIC

Select GIC Term

1yr 2yr 3yr 4yr 5yr