**SAMPLE APPLICATION FOR A ONE-TIME TRANSFER**

Section 21.4 of The Pension Benefits Act of Manitoba and Sections 10.52 – 10.58.1 of the Regulation

**NOTE: Administrators may use this sample to develop their own application form.  It is a sample and is not a prescribed form or form approved by the superintendent under the Pension Benefits Regulation (regulation).  Administrators must ensure their form complies with the requirements in subsection 10.56(4) of the regulation and that their form includes any additional information they require to facilitate the transfer.**

**An application FOR A ONE-TIME TRANSFER may only be made in respect of a LOCKED-IN RETIREMENT ACCOUNT (LIRA), LIFE INCOME FUND (LIF), or PENSION PLAN that is locked-in under The Pension Benefits Act (ACT) of Manitoba and PENSION BENEFITS Regulation**

**If you wish to make a One-time Transfer from LIRAs, LIFs or Pension Plans managed by different administrators, you must make a separate application to each administrator within no more than 30 days after the first request.**

**I - APPLICANT INFORMATION**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

First Name Last Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

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City/Town Province/Territory Postal Code

\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (Day/Month/Year) Social Insurance Number

**II - ADMINISTRATOR INFORMATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Administrator (Financial Institution or Pension Plan)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City/Town Province /Territory Postal Code

**III – ONE-TIME TRANSFER INFORMATION**

Identify for each of your LIRAs, LIFs or Pension Plans with the Administrator:

* Name of the Administrator
* Address
* Maximum amount that may be transferred from the plan
* Amount to be transferred from each plan
* Date the information was provided by the administrator under 10.56(3) of the regulation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Administrator**  (Financial Institution or Pension Plan) | **Address** | **Maximum Amount Available \*** | **Amount to be Transferred** | **Date information provided by Administrator** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\* The maximum amount available is the maximum amount that may be transferred from the plan (must not exceed 50 percent of the amount in the plan).

**You are limited to a ONCE IN A LIFETIME one-time transfer of up to 50% of the balance in one or more LIRAs, LIFs or pension plans to a Prescribed Registered Retirement Income Fund (RRIF).**

**IV - PRESCRIBED RRIF ADMINISTRATOR INFORMATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Prescribed RRIF Administrator that will manage and issue the prescribed RRIF contract

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

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City Province/Territory Postal Code

**V - APPLICANT’S STATEMENT** (as per 10.56(4) of the regulation)

I declare that on the date I sign this application:

* I have not previously made a One-time Transfer from one or more LIRAs, LIFs or Pension Plans to a prescribed RRIF under section 21.4 of the Act;
* I understand that this is a request for a once in a lifetime One-time transfer and unless I make a One-time transfer request to all plans within 30 days after the first request, I will not subsequently be able to make a One-time transfer request;
* All the information contained in this application and the documents that accompany this application are accurate and complete;
* Subsection 21.4(5) of the Actrequires that if you were a pension plan member and you have a spouse or common-law partner; and at the time of making the application you are not living separate and apart from the spouse or partner by reason of a breakdown of your relationship, the One-time Transfer cannot be made unless the spouse or partner consents in writing by completing ‘Form 4 – Consent to One-time Transfer of Manitoba Locked-In Money’ available on the Office of the Superintendent’s website
* I do not have a spouse or common-law partner whose consent is required by subsection 21.4(5) of the Act.
* I do have a spouse or common-law partner whose consent is required by subsection 21.4(5) of the Act. I have attached a completed Form 4 – Consent to One-time Transfer of Manitoba Locked-In Money.

I sign this application form at:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town Province/Territory/State Country

this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Applicant)

**The application will be void and the transfer will not be made unless the administrator has received the following information:**

* **A written transfer consent of a spouse or common-law partner, if applicable**
* **Any other information the financial institution requires to facilitate the One-time Transfer.**

**The administrator must be satisfied that:**

* + **The Applicant is at least 55 years old**
  + **The administrator has not facilitated and is not aware of a previous One-time Transfer by the applicant**
  + **No part of the amount to be transferred is the subject of an order**
    1. **Under The Garnishment Act to enforce a maintenance order, or**
    2. **Under section 59.3 of The Family Maintenance Act to preserve assets.**

**The Applicant must provide the completed application to the administrator, together with the completed transfer consent, if required, within 30 days after receiving the application form and the information to be provided under subsection 10.56(3) of the regulation.**

**The Administrator must make the One-time Transfer within 90 days after providing the information to be provided to the applicant under subsection 10.56(3) of the regulation.**