

**Letter of Instruction - Information to AB LIRA Annuitant - Receipt of Transfer-out Request**

Ethical Funds is in receipt of your request to transfer funds from your AB LIRA contract to \_\_\_\_\_ (Name of Financial Institution/Insurance Company/Registered Pension Plan) to a:

- Life Income Fund (LIF)
- Defined Contribution Retirement Income Account (DC RIA)
- Life Annuity

Under the Alberta *Employment Pension Plans Act* you are permitted to unlock 50% of your LIRA funds. This option must be exercised when funds are being transferred out of your AB LIRA contract.

The value of the funds you have requested to be transferred is \$\_\_\_\_\_.  
The maximum amount that may be unlocked is \$\_\_\_\_\_ **(50% of the Amount of Funds to be Transferred)**.

Prior to processing the transfer, it is necessary for you to complete page two of this letter and return it to our office in the envelope provided. Your transfer request will be processed when we have received this signed document.

If you have any questions concerning the above please contact our office or your Mutual Funds Investment Specialist.

---

**AB LIRA Annuitant Name** \_\_\_\_\_

**AB LIRA Contract #** \_\_\_\_\_

- I **do not** wish to proceed with the 50% unlocking option. I am aware that this option is only available at the time of the transfer and that I will be unable to do so at a later date. **OR**
- I **do** wish to proceed with the 50% unlocking option.
  - Attached is Part 1 of prescribed Form 6 'Pension Partner Waiver on Transfer to a LIF, DC RIA or Annuity', completed by my spouse, pension partner; or
  - Form 6 is not required as I am not the original pension plan member; or
  - Attached is completed Declaration of No Spouse.

I direct for the 50% unlocked funds in the amount of \$\_\_\_\_\_ (50% of Amount of Funds to be Transferred) or \$\_\_\_\_\_ (a lesser amount may be chosen):

- Remain in an unlocked. I understand further documentation may be required to be completed by me.
- Be transferred to a RRIF. I understand further documentation will be required to be completed by me.
- Be withdrawn in cash, less applicable withholding tax. I understand that I will include the amount withdrawn as income for the year.

\_\_\_\_\_  
DATED

\_\_\_\_\_  
SIGNATURE