



Province of Manitoba
Application for A Prescribed Transfer From
A Life Income Fund (LIF) or Locked-In Retirement
Income Fund (LRIF) to A Prescribed Registered
Retirement Income Fund Contract

[Section 21.4 of *The Pension Benefits Act* of Manitoba and subsection 18.2 of the Regulation]

PROCESS for applying for a Prescribed Transfer

1. Complete Part A of this form (500-056) and forward to financial institution managing the LIF/LRIF. The financial institution will return this form to you with Part B completed and will also send you information that must accompany your request for approval to complete this transfer ("Information Form"). A RRIF Application Form, a Manitoba RRIF Agreement, Designation of Beneficiary form, and a Spousal Consent form (if applicable) will be provided at this time.
2. **Within 30 days** of the date on the Information Form, complete Part C of this form (500-056) and send a copy to the Manitoba Superintendent of Pensions, together with a copy of the Information Form. If applicable, complete and include a copy of the Spousal Consent with this submission. **DO NOT SEND THE ORIGINAL DOCUMENTS** to the Superintendent as the documents submitted will not be returned.
3. The Superintendent will provide you with a Statement of Confirmation indicating that there has been no previous Prescribed Transfer.
4. Upon receipt of Statement of Confirmation, forward the Statement of Confirmation along with the Information Form, Spousal Consent, if applicable, and this form to the financial institution managing your LIF/LRIF. **CAUTION: Your application for the prescribed transfer will be void unless this information is filed within 75 days of the date of the "Information Form".**

PART A – Request for Information

I hereby request that the financial institution named below provide information to me and my cohabiting spouse or common-law partner, if applicable, necessary for me to make a Prescribed transfer from my LIFs/LRIFs at that financial institution.

I understand that:

- a) I may only apply for the one-time transfer on funds governed under *The Pension Benefits Act* of Manitoba, and
- b) I am limited to a one-time transfer of up to 50% of the balance in one or more LIFs or LRIFs to a prescribed RRIF, and
- c) if I have other pension money governed under *The Pension Benefits Act* of Manitoba that is not in a LIF or LRIF, those funds WILL NOT be eligible for this transfer nor or at anytime in the future, and
- d) if I wish to make a Prescribed Transfer from a LIF or LRIF managed at a different financial institution, I must make a separate application to each financial institution simultaneously.

Financial Institution Information (complete a separate form for each financial institution)

Financial Institution managing your LIF(s) or LRIF(s): _____

 (Address) (City) (Province) (Postal Code)

Applicant Information

Name of Applicant: _____
 (Mr./Mrs./Ms.) (first, middle and last name)

Mailing Address: _____
 (print or type address)

 (City) (Province) (Postal Code)

Phone: (____) _____ Fax: (____) _____ E-Mail: _____

Birth Date: ____/____/____ Applicant's Social Insurance Number: ____/____/____
 (Day / Month / Year)

Consent of Cohabiting Spouse or Common-law Partner Required

Subsection 21.4(5) of *The Pension Benefits Act* requires 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 common-law partner by reason of a breakdown of your relationship, the prescribed transfer cannot be made unless the spouse or common-law partner consents in writing by completing the "Spouse's/Common-law Partner's Consent to Transfer to a Registered Retirement Income Fund Contract".

- 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.

Name of Spouse/Common-Law Partner: _____

Address if different from Applicant: _____

Declaration of LIF/LRIF Annuitant

I declare that on the date I sign this application:

- a) I am at least 55 years of age;
- b) all the information contained in this application are accurate and complete;
- c) I have not previously made a Prescribed Transfer from one or more LIFs or LRIFs to a prescribed Registered Retirement Income Fund under section 21.4 of *The Pension Benefits Act*;
- d) The maximum amount available for transfer is is not subject to *Manitoba Pension Act* credit split, *Garnishment Act* or *Family Maintenance Act*. I understand that if, prior to making the Prescribed Transfer, the financial institution named above receives an order under the *Garnishment Act*, the maximum must be recalculated and revised information will be provided to me and my spouse/common-law partner, if applicable. In this event, a revised Application and Spousal Consent, if applicable, must be re-filed with the financial institution.

Financial Institution Receiving the proceeds

Financial Institution that will manage your RRIF _____

Address: _____

I sign this application form at _____, _____ this _____ day
 (city/town) (province)

of _____, 20____.

(Signature of Applicant)

PART B – Information from Financial Institution Managing LIFs/LRIFs

We hereby acknowledge receipt of your request for information required to complete a Prescribed Transfer from your LIF(s)/LRIF(s).

Attached is an Information Form confirming the maximum amount available to be transferred to a prescribed RRIF from your LIF(s)/LRIF(s). We confirm that the Information Form has been provided to your spouse/common-law partner as applicable.

Within 30 days of the date on the attached Information Form make application to the Manitoba Superintendent of Pensions in accordance with Section C.

(Date)

(Signing Officer)

PART C – Information and Submission

Your application must include **COPIES** of the following documents:

- a) this Application (500-056) with Section C completed
- b) Information Form provided in Section B above
- c) Spouse's/Common-law Partner's Consent to Transfer to a Registered Retirement Income Fund Contract (500-069), if applicable

DO NOT SEND ORIGINALS as documents submitted will not be returned

I declare that I have reviewed the information provided by the financial institution currently managing my LIF/LRIF as specified in section 18.2(5.4) of the regulation for each LIF or LRIF in respect of which an application for a Prescribed Transfer is being made.

I confirm that all the documents that accompany this application are accurate and complete.

Fund and Prescribed Transfer Information (refer to Information Form received from financial institution)

Identify for each of your LIFs or LRIFs managed by the financial institution, the account number, maximum amount available for a prescribed transfer, if you wish to make a prescribed transfer and the amount to be transferred.

LIF or LRIF	Account No.	Maximum Amount Available For Prescribed Transfer	Request for Prescribed Transfer		Amount Requested to be Transferred
			Yes	No	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

Request to Manitoba Superintendent of Pensions for STATEMENT OF CONFIRMATION

Superintendent of Pensions
Pension Commission of Manitoba
1004-401 York Avenue
Winnipeg MB R3C 0P8

Dear Sir/Madam:

I request that the Superintendent of Pensions provide me, _____,
(print or type first, middle and last name)

the Applicant, with a written statement confirming that it is satisfied that I have not previously made a prescribed transfer under section 21.4 of *The Pension Benefits Act*.

I understand that the Superintendent's written Statement of Confirmation will be mailed to my mailing address identified on the application form.

Signed at _____, _____ this _____ day
(city/town) (province)

of _____, 20_____. _____
(Signature of Applicant)

INSTRUCTIONS FOR THE LIF/LRIF ANNUITANT

Within 75 days after the date on the Information Form, you must provide the financial institution managing your LIF(s)/LRIF(s) with the originals of the:

- a) Statement of Confirmation from the Manitoba Superintendent of Pensions
- b) Information Form provided by Financial Institution
- c) Spouse's/Common-law Partner's Consent to Transfer to a Registered Retirement Income Fund Contract (500-069), if applicable.

In addition to the above, you will need to complete the following forms with the Financial Institution opening your RRIF

- a) RRIF Application
- b) Manitoba RRIF addendum completed and signed by you
- c) Designation of Beneficiary, if you wish to designate a beneficiary, completed and signed by you.