

**ACHIEVA FINANCIAL**  
A division of Cambrian Credit Union Limited  
**DIRECT TRANSFER**

**PART I – Annuitant Request**

Name: \_\_\_\_\_ SIN: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Address of Issuer: \_\_\_\_\_

Contract or plan# : \_\_\_\_\_ Deposit # : \_\_\_\_\_ Maturity Date (if applicable): \_\_\_\_\_

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

**\*Where I have requested a transfer in cash, I authorize the liquidation of all or part of my investments. I agree to pay any applicable fees, charges or adjustments.**

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

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

TO the  RRSP  Spousal RRSP  RRIF  Spousal RRIF  RPP  DPSP  LIRA  LIF  LRIF  TFSA

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/DPSP:  I am the customer OR  the beneficiary spouse\* OR  
 Former spouse\* due to breakdown of marriage or common law partnership  
\* or other individual who has been given similar rights under applicable legislation

\_\_\_\_\_  
(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 66 (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 (8) and, we will report this amount as the applicant's income on a T4A slip.

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

Locked in Pension Amount \$ \_\_\_\_\_

Have funds been held in a LIF/LRIF/RLIF/LITB account at any time during year of transfer?  No  Yes

If transfer to **ON Schedule 1.1 LIF:** What is income earned on Schedule 1 LIF, Schedule 1.1 LIF or LRIF transferred amounts during year of transfer? \$ \_\_\_\_\_

If transfer to **MB LIRA/LIF:** The annuitant  has or  has not made a one-time transfer with our organization or that we are aware of.

If transfer to **MB LIF:** What is the annual maximum payment for the year (LIF/VBA to LIF)? \$ \_\_\_\_\_

What amount of the annual maximum has been received by the annuitant (LIF/VBA to LIF)? \$ \_\_\_\_\_

If transfer to **AB or BC LIF** What is the annual maximum payment for the year (LIF/LITB Account to LIF)? \$ \_\_\_\_\_

What amount of the annual maximum has been received by the annuitant (LIF/LITB Account to LIF)? \$ \_\_\_\_\_

**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: \_\_\_\_\_ (Normal) \_\_\_\_\_ (Early)

• Marital Status: \_\_\_\_\_ (MB Jurisdiction only) Annuity Rate Breakdown: \$ \_\_\_\_\_ (Unisex) \$ \_\_\_\_\_ (Sex Distinct)

• PEI 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