

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)

TFSA Funds: No Yes

Spousal Contributions: No Yes Contributor Name: _____ SIN: _____

Locked-in Funds: No Yes (if yes, complete pension information below)

Retiring Allowance: From RRIF: Amount to be reported in Box 66 (Eligible Retiring Allowances) of the employees T4A Slip? \$ _____

From RPP: The transfer is from a Qualifying Pre-1993 RRIF. No Yes

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)? \$ _____

If transfer to **AB or BC LIF:** What amount of the annual maximum has been received by the annuitant (LIF/VBA to 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: _____

Marital Status: _____ Annuity Rate Breakdown: \$ _____ (Normal) \$ _____ (Early)

(MB Jurisdiction only) (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