

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 TFSA funds once they are transferred to our office and return with the Direct Transfer-In of TFSA Form.

TFSA Savings

TFSA GIC

Compounding or Paid Annually

***Interest paid annually will go into a TFSA Savings.**

Select GIC Term

1yr 2yr 3yr 4yr 5yr