

FORM 2

ATTESTATION(S) REGARDING SPOUSE/COMMON-LAW PARTNER

1 **To:** (insert name of financial institution) _____

2 **List of applicable federally regulated locked-in plans:** (Please identify any locked-in registered retirement savings plan, life income fund, restricted locked-in savings plan or restricted life income fund that is held by the financial institution identified above and from which you intend to withdraw or transfer funds.)

(a) _____

(b) _____

(c) _____

3 **Attestation of applicant**

I, (insert name) _____, of (insert address) _____, in the city of _____, in the province of _____, attest to the following:

I own the federally regulated locked-in plan(s) identified in item 2. I intend to withdraw or transfer \$ _____ from the plan(s). On the day on which I sign this Attestation (check one):

(a) _____ I do not have a spouse or common-law partner, as defined in section 2 of the *Pension Benefits Standards Act, 1985*;

(b) _____ I have a spouse or common-law partner, as defined in section 2 of the *Pension Benefits Standards Act, 1985*, and my spouse or common-law partner consents to the withdrawal of the amount specified above from the locked-in plan(s) identified in item 2. (If you check this box, your spouse or common-law partner must complete the *Attestation of Spouse or Common-law Partner*, in item 6 below.)

4 **Acknowledgements**

I understand that when funds are withdrawn or transferred from any federally regulated locked-in plan, the funds may lose the creditor protection provided by the *Pension Benefits Standards Act, 1985* and the *Pension Benefits Standards Regulations, 1985*.

I understand that when funds are withdrawn or transferred from any federally regulated locked-in plan, the funds may be taxable under the *Income Tax Act* or other legislation.

I understand that I may need to seek professional advice about the financial and legal implications of such a withdrawal or transfer.

5 **Signatures**

Sworn before me, on the _____ day of

_____, 20_____

at _____, in the province of

_____.

Signature of applicant _____

A notary public, commissioner or other person authorized to take affidavits

6 Attestation of Spouse or Common-law Partner

I, (insert name) _____, of (insert address) _____, in the city of _____, in the Province of _____, attest to the following:

I am the spouse or common-law partner of the owner of the locked-in plan(s) identified in item 2.

I understand that

- (a) the applicant intends to withdraw or transfer funds from the federally regulated locked-in plans identified in item 2, which withdrawal or transfer is not permitted under the *Pension Benefits Standards Act, 1985* unless the applicant obtains my consent;
- (b) as long as these funds are kept in that federally regulated locked-in plan, I may have a right to a share of these funds if there is a breakdown in our relationship or if the owner dies;
- (c) if any funds are withdrawn or transferred from that federally regulated locked-in plan, I may lose any right that I have to a share of the funds withdrawn or transferred;
- (d) when funds are withdrawn or transferred from any federally regulated locked-in plan the funds may lose the creditor protection provided by the *Pension Benefits Standards Act, 1985* and the *Pension Benefits Standards Regulations, 1985*;
- (e) when funds are withdrawn or transferred from any federally regulated locked-in plan the funds may be taxable under the *Income Tax Act* or other legislation; and
- (f) I may need to seek professional advice about the financial and legal implications of such a withdrawal or transfer.

7 Consent of Spouse or Common-law Partner

I consent to the withdrawal or transfer specified in item 3.

8 Signatures

Sworn before me, on the _____ day of

_____, 20_____

at _____, in the province of

_____.

Signature of spouse or common-law partner _____

A notary public, commissioner or other person authorized to take affidavits