

## WITHDRAWAL OR TRANSFER FROM A FEDERALLY REGULATED LOCKED-IN PLAN BASED UPON FINANCIAL HARDSHIP, SMALL AMOUNT OR 50% UN-LOCKING

## **INSTRUCTIONS RE: SPOUSE OR COMMON-LAW PARTNER**

If the planholder has a spouse or common-law partner at the time the request is made, the spouse or common-law partner must indicate his or her consent by completing and signing the attached Federal Form 2, Attestation(s) Regarding Spouse/Common-Law Partner. By signing Form 2, the spouse/common-law partner acknowledges that he or she is giving up his or her entitlement, under the Pension Benefits Standards Act Regulations, to receive the balance of what would have remained in the LRSP, LIF, RLSP or RLIF account at the time of the planholder's death.

If you are the spouse or common-law partner of the planholder of the federally regulated LRSP, LIF, RLSP or RLIF identified on the attached *Form 2* and you are asked to consent to this application to withdraw or transfer money from the planholder's LRSP, LIF, RLSP or RLIF, you should get advice from a lawyer about your rights and the legal consequences of signing the Attestation below. **You are not obligated to sign the Attestation below.** 

If you wish to consent, and you are satisfied that the Attestation correctly describes your situation, then, in the presence of a notary public, commissioner or other person authorized to take affidavits, please sign and date the bottom of the Attestation, and have a notary public, commissioner or other person authorized to take affidavits sign at the bottom of the Attestation.

If the planholder does not have a spouse or common-law partner at the time the request is made, then the planholder must complete *Form 2* to that effect.

The Attestation will <u>not</u> be valid for the purposes of the planholder's application if it is dated more than 60 days before the date the financial institution that administers the LIRA, LIF or LRIF receives it.

## FORM 2 ATTESTATION(S) REGARDING SPOUSE/COMMON-LAW PARTNER

- 1. To: BMO InvestorLine
- 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.)*

Account Number	Plan Type (LRSP,	Plan Type (LRSP, LIF, RLSP, RLIF)	
(a)			
(b)			
(c)			
3. Attestation of Applicant (locked I, (applicant/planholder's name) of (applicant/planholder's address)		······································	
in the city of, in t		, 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):
☐ I do not have a spouse or common-law partner, as defined in section 2 of the Pension Benefits Standards Act, 1985;
☐ I have a spouse or common-law partner, as defined in section 2 of the <i>Pension Benefits</i> 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. <b>Acknowledgements (of applicant/planholder)</b> 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 <i>Pension Benefits Standards Act</i> , 1985 and the <i>Pension Benefits Standards Regulations</i> , 1985.
I understand that when funds are withdrawn or transferred from any federally regulated locked-in plan, the funds may be taxable under the <i>Income Tax Act</i> 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 theday of, 20 at, in the province of
Signature of applicant (locked-in planholder)
Signature of a notary public, commissioner or other person authorized to take affidavits (may not be an employee of BMO Financial Group) Include notary public, commissioner or other person authorized to take affidavits' seal or registration number.
6. Attestation of Spouse or Common-law Partner
I, (name), of (address), in the city 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 <i>Pension Benefits Standards Act</i> , 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 <i>Pension Benefits Standards Act</i> , 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 o	r Common-law Partner
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I consent to the withdrawal or transfer specified in item 3.

8. Signatures	
Sworn before me, on theday ofin the province of	, 20at
Signature of spouse or common-law partner	
Signature of notary public, commissioner or other person (may not be an employee of BMO Financial Group) Include notary public, commissioner or other person authoregistration number.	