

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I understand that when funds are withdrawn or transferred from any federally regulated locked-in plan, the funds may lose the creditor protection provided by the *Pension Benefits Standards Act, 1985*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I understand that when funds are withdrawn or transferred from any federally regulated locked-in plan, the funds may be taxable under the *Income Tax Act* or other legislation.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