



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

Account Number

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I understand that when funds are withdrawn or transferred from any federally regulated locked-in plan, the funds may lose the creditor protection provided by the Pension Benefits Standards Act, 1985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I understand that when funds are withdrawn or transferred from any federally regulated locked-in plan, the funds may be taxable under the Income Tax Act or other legislation.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

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

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.

A notary public, commissioner or other person authorized to take affidavits SIGNATURE OF SPOUSE OR COMMON-LAW PARTNER