

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

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 I understand that when funds are withdrawn or transferred from any federally regulated locked-in plan, the funds may lose the creditor protection provided by the *Pension Benefits Standards Act, 1985*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 I understand that when funds are withdrawn or transferred from any federally regulated locked-in plan, the funds may be taxable under the *Income Tax Act* or other legislation.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

6. **Attestation of Spouse or Common-law Partner**  
 I, \_\_\_\_\_, of \_\_\_\_\_,  
(INSERT NAME) (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