

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

- 1. To: COMMUNITY TRUST COMPANY
- 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		
	l,	, of	,
	(insert name)	(insert address)	
	in the city of	in the province of	,

attest	to	the	following:
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I own the	federally regu	lated	locked-in	plan(s)	identified	in item	2.	I intend	to v	withdraw	or	transfer
\$		from t	he plan(s)	. On the	e day on w	hich I sig	gn th	nis Attest	atio	n (check d	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I understand that when funds are withdrawn or transferred from any federally regulated locked-in plan, the funds may lose the creditor protection provided by the Pension Benefits Standards Act, 1985 and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I understand that when funds are withdrawn or transferred from any federally regulated locked-in plan, the funds may be taxable under the Income Tax Act or other legislation.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

Signature of Applicant			
Sworn before me, on the day province of	of	, 20 at	, in the

(Signature of notary public, commissioner or other person authorized to take affidavits)



6. Attestation of Spouse or Common-law Partner

l,	_ ,of
(insert name)	(insert address)
in the city of , in t	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

Signature of spouse or common-law partner \_\_\_\_\_

Sworn before me, on the da	y of	, 20
at	in the province of	·

(Signature of notary public, commissioner or other person authorized to take affidavits)