

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I understand that when funds are withdrawn or transferred from any federally regulated locked-in plan, the funds may lose the creditor protection provided by the Pension Benefits Standards Act, 1985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I understand that when funds are withdrawn or transferred from any federally regulated locked-in plan, the funds may be taxable under the Income Tax Act or other legislation.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

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