

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I understand that when funds are withdrawn or transferred from any federally regulated locked-in plan, the funds may lose the creditor protection provided by the *Pension Benefits Standards Act, 1985*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 I understand that when funds are withdrawn or transferred from any federally regulated locked-in plan, the funds may be taxable under the *Income Tax Act* or other legislation.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