

**Documentation Package:
 Lump Sum Withdrawal Based on Small Amounts
 Under Manitoba Pension Legislation
 CIBC Asset Management Inc.**

**Instructions to the LIRA/LIF/LRIF annuitant for completing this Documentation Package
 (only to be used for those plans locked-in under Manitoba Pension Legislation)**

To qualify for this type of withdrawal, you, the Annuitant, must complete Part 1 Withdrawal Request Small Amounts Under Manitoba Pension Legislation ("Part 1 Withdrawal Request") and provide it to the Administrator.

Within 60 days after receiving the completed Part 1 Withdrawal Request, the Administrator must provide to you, Part 2: Statement of Information to Annuitant For Withdrawal Based on Small Amounts Under Manitoba Pension Legislation ("Part 2 Statement of Information") that sets out the balance of the Plan as at the date of the Part 1 Withdrawal Request.

Within 90 days after receiving the Part 2 Statement of Information, you must provide the Administrator with a completed Part 3: Application for Withdrawal Based on Small Amounts Under Manitoba Pension Legislation ("Part 3 Application").

If you qualify for the withdrawal, the Administrator must pay the balance of your plan to you within 90 days after receiving the completed Part 3 Application.

Part 1: Withdrawal Request

Annuitant Information

Name of Annuitant

Mailing Address

Apt. No.

City

Province

Postal Code

Home Telephone No.

Fax No.

E-Mail Address (optional)

Annuitant's Social Insurance No.

To: CIBC Trust Corporation (the "Trustee"),

And to: CIBC Asset Management Inc. (the "Administrator") as the Agent for the Trustee

Check applicable plan type (one only):

- Renaissance Investments Locked-In Retirement Account ("LIRA")
- Renaissance Investments Life Income Fund ("LIF")
- Renaissance Investments Locked-In Retirement Income Fund ("LRIF")

Re:

_____ , _____
(insert name of Annuitant) (insert account number)

(the "Plan") regulated by *The Pension Benefits Act* of Manitoba and Regulations (the "Regulations").

You request the Administrator as indicated above to:

Check one:

- Transfer proceeds of your Plan to an existing RRSP/RRIF, account number _____, or
- Transfer proceeds of your Plan, less any applicable withholding taxes, to an existing non-registered account, account number _____, or
- Issue a cheque for the amount of the withdrawal from your Plan, less any applicable withholding taxes.

You make this request for a small amounts withdrawal and acknowledge that to qualify under the provision that the total balance of all of your Manitoba LIRA(s), LIF(s) or LRIF(s) is less than the amount prescribed by the Regulations.

Date (mm/dd/yyyy)

Signature of Annuitant

Date (mm/dd/yyyy)

Accepted by (title of person signing) for Administrator CIBC Asset Management Inc.

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Part 2: Statement of Information to Annuitant

The information below is to be provided to the Annuitant within 60 days after the Administrator receives the completed Part 1 Withdrawal Request.

Annuitant's Name		Type of Account
<input type="text"/>		<input type="checkbox"/> LIRA <input type="checkbox"/> LIF <input type="checkbox"/> LRIF
Date of Part 1 Withdrawal Request	The balance of the Plan as of date of Part 1 Withdrawal Request	
<input type="text"/>	\$ <input type="text"/>	

If the Annuitant is applying to commute more than one locked-in plan with the Administrator please list the additional plan(s) to be commuted below. The locked-in plan(s) in respect of which the Annuitant is seeking commutation are collectively referred to as the "Plan(s)".

Type of Account	Account No.	Current Value of Locked-In Plan
<input type="checkbox"/> LIRA <input type="checkbox"/> LIF <input type="checkbox"/> LRIF	<input type="text"/>	\$ <input type="text"/>
Type of Account	Account No.	Current Value of Locked-In Plan
<input type="checkbox"/> LIRA <input type="checkbox"/> LIF <input type="checkbox"/> LRIF	<input type="text"/>	\$ <input type="text"/>
Current Value of Plan(s)	Total current value of all Manitoba LIRA(s), LIF(s) or LRIF(s) held with the Administrator	
\$ <input type="text"/>	\$ <input type="text"/>	

Date of Statement of Information (mm/dd/yyyy)*	Accepted by (title of person signing) for Administrator CIBC Asset Management Inc.
<input type="text"/>	<input type="text"/>

*Note: The Administrator must receive the completed Part 3 Application for Withdrawal within 90 days from the Date of this Part 2 Statement of Information.

Part 3: Application for Withdrawal

Date of Part 2 Statement of Information

Annuitant Information

Name of Annuitant (as identified in Part 1 Withdrawal Request)

If the Annuitant wishes to make a one-time transfer from LIRA(s), LIF(s), (LRIF(s) managed by more than one administrator, including more than one CIBC affiliate, information must be obtained from each administrator.

You, _____ the Annuitant, hereby make an application for the withdrawal further to the attached Part 1 Withdrawal Request dated _____.

Section 1: Completed by Annuitant for Plan(s) held with the Administrator

Current Value of Plan(s) in Part 2 Statement of Information

\$

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Section 2: Information provided by Applicant for Plan(s) held with other financial institutions

If You own any LIRAs, LIFs or LRIFs regulated under The Pension Benefits Act of Manitoba and Regulations other than the Plan(s) held by the Administrator as noted above, the value of the money held in each Manitoba locked-in account You own must be based on the most recent statement given to You by your financial institution.

The chart below will help You calculate the total value of all the money held in every Manitoba locked-in account You own that is governed by The Pension Benefits Act of Manitoba. Do not list any account that is governed by the laws of another province or the federal government. The locked-in plan(s) in respect of which the Annuitant is seeking commutation are collectively referred to as the "Plan(s)".

Name of Financial Institution that administers the Manitoba locked-in account:	Policy number or Account number of the Manitoba locked-in account:	Date of the most recent statement for the Manitoba locked-in account:	Value of all the money held in the Manitoba locked-in account:
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Please use additional pages if necessary.

Current Value of Plan(s): \$ _____

Section 3: Determination if Annuitant Qualifies for the Small Amounts Unlocking

To qualify for commutation, the total current value of the Plan(s) **plus** the total current value of all other locked-in Manitoba plans (LIRAs, LIFs and LRIFs) owned by the Annuitant with the Administrator or any other financial institution(s), must be less than an amount prescribed by the Regulations.

Total Value of all Plans (Section 1 and Section 2)
 \$ _____

I certify as true, complete and correct the information I have provided in this application and any schedules. I acknowledge that the Administrator will be relying upon this information to determine my entitlement to commutation of the Plan(s). In exchange for the Administrator agreeing to consider my application, I agree to indemnify and save harmless the Administrator for and from any damages, losses, costs and expenses (including legal fees and disbursements on a solicitor and client basis) suffered or incurred by the Administrator due to any false, inaccurate or incomplete information provided or omitted by me to the Administrator including the Administrator's costs to repay or re-establish any Plan(s) commuted or paid out in contravention of *The Pension Benefits Act* of Manitoba, the Regulations or any other provincial or federal law. I further acknowledge that the Administrator has reserved the right to require me to produce additional documentation supporting my entitlement to commutation of the Plan(s); I agree to provide any such documentation on request. Despite the Administrator's agreement to consider my application, I acknowledge that the Administrator has the right, at its discretion and without reasons, to refuse to commute any or all of the Plan(s). I authorize my present/former pension plan administrator(s), employer(s), locked-in plan administrator(s) and affiliates of the Administrator to disclose to the Administrator any information which the Administrator may require to verify my entitlement to commutation of the Plan(s). These covenants are intended as covenants given under seal.

 Signature of Witness

Name of Witness

 Signature of Annuitant

Date (mm/dd/yyyy) For internal use only: date balance paid to Annuitant
