

Renaissance Investments
Locked-In Plans Withdrawal Request Form – Alberta
Shortened Life Expectancy
CIBC Asset Management Inc.

Instructions for completing this Form

- Only to be used for those plans locked-in under Alberta Pension Legislation.
- To qualify for this type of withdrawal, your application must include the attached certification by a physician.
- Additionally, if you have a spouse or common-law partner, your spouse or common-law partner will have to complete a spousal waiver form.

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

And to: CIBC Asset Management Inc. (the "Agent")
(insert Agent's legal entity name)

Re: _____ , _____
(insert name of annuitant) (insert account number)

Check applicable plan type:

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

To be completed by the Annuitant

I the undersigned, hereby certify that I am the annuitant of the above-mentioned LIRA or LIF (the "Plan").

I request CIBC Asset Management Inc. as Agent for the Trustee, to:
(insert Agent's legal entity name)

- ☐ Transfer proceeds of my Plan to an existing RRSP/RRIF, account number _____ , or
- ☐ Transfer proceeds of my 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 my Plan, less any applicable withholding taxes.
- ☐ Partial Withdrawal/Transfer: \$ _____ **OR** ☐ Full Withdrawal/Transfer

I make this request under the provision that I, the annuitant, suffer from a terminal illness or disability that is likely to shorten considerably my life expectancy.

Date (mmm/dd/yyyy)

Signature of Annuitant

Renaissance Investments
Statement of Certification by a Physician for a Withdrawal
Based on Shortened Life Expectancy
Under Alberta Pension Legislation
CIBC Asset Management Inc.

Note: The annuitant of the LIRA or LIF, as applicable, cannot complete the Physician's Certification.

You, the physician, are required to complete the Physician's Certification below, if you are willing, in order to provide your opinion for the purposes of processing an application by the annuitant of a LIRA or LIF to withdraw money from the plan. You may provide your opinion in another written and signed format (such as a letter) if you prefer, as long as you certify that you:

- i) are a physician; and
- ii) that in your opinion, the owner has a terminal illness or disability that is likely to shorten considerably his or her life expectancy.

Physician's Certification

I am a physician and in my opinion _____ ,
(print the name of the applicant identified in the application)
has a terminal illness or disability that is likely to shorten considerably his or her life expectancy.

Physician's Name (*print*)

Physician's Telephone No.

Physician's Address

City

Province

Postal Code

Date (*mmm/dd/yyyy*)

Signature of Physician