

Pension Benefits Standards Regulations, 1985
Schedule V, Form 2 (Sections 20, 20.1, 20.2 and 20.3)
Attestation(s) Regarding Spouse/Common-law Partner
CIBC Asset Management Inc.

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.)

- ☐ Locked-In Registered Retirement Savings Plan: Account Number(s) _____
- ☐ Life Income Fund: Account Number(s) _____
- ☐ Restricted Locked-In Savings Plan: Account Number(s) _____
- ☐ Restricted Life Income Fund: Account Number(s) _____

3. Attestation of applicant

I, _____, of _____, in
(insert name) (insert address)
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*):

- ☐ I do not have a spouse or common-law partner, as defined in section 2 of the *Pension Benefits Standards Act, 1985*;
- ☐ 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I understand that when funds are withdrawn or transferred from any federally regulated locked-in plan, the funds may lose the creditor protection provided by the *Pension Benefits Standards Act, 1985*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I understand that when funds are withdrawn or transferred from any federally regulated locked-in plan, the funds may be taxable under the *Income Tax Act* or other legislation.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 _____

_____, _____
(year)

at _____,

in the province of _____.

A notary public, commissioner or other person authorized to take affidavits.

Signature of applicant

Name _____

Address _____

Telephone No. _____

Attestation(s) Regarding Spouse/Common-law Partner

6. Attestation of Spouse or Common-law Partner

I, _____, of _____, in
(insert name) (insert address)
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

_____, _____
(year)

at _____,

in the province of _____.

A notary public, commissioner or other person authorized to take affidavits.

Signature of spouse or common-law partner

Name _____

Address _____

Telephone No. _____