

**Form 3.2 RECORD OF TRANSFER OF LOCKED-IN RETIREMENT FUNDS
(General Regulation - Pension Benefits Act, ss.21(8.1) and (8.2))**

PART I

TRANSFeree INFORMATION (To be completed by the transferee)

Financial Institution (Trustee for LIRA, LIF or Annuity) or Pension Plan Administrator

Address _____ City _____ Province _____ Postal Code _____

Telephone _____

Broker named in LIRA or LIF (if any) _____ Telephone _____

Address _____ City _____ Province _____ Postal Code _____

Type of fund to which assets are being transferred: LIRA LIF Annuity Pension Plan

CCRA Registration Number _____ NB Registration Number _____

Name of Retirement Savings Arrangement or Pension Plan _____

Owner Information (To be completed by the transferee)

Name _____ Social Insurance Number _____

Address _____ City _____ Province _____ Postal Code _____

Date of Birth _____ Telephone _____

Owner's Account Number with Transferee _____

Transferee Agreement (To be completed by the transferee)

As the **financial institution** or **pension plan** to receive the assets as trustee, the assets shall only be accepted if the assets are transferred in compliance with the *Pension Benefits Act* and regulations. The assets shall be transferred into the registered account referred to in Part I. It is understood that if the assets are not transferred in compliance with the Act and regulations, the transfer is void and all assets transferred shall be returned to the transferor. The trustee undertakes to comply with the Act and the regulations while the assets remain under its trust.

I certify that the information given on this form is correct and complete and that I am authorized to act on behalf of the financial institution or pension plan.

Name (Print) _____ Position of Office _____

Authorized Signature _____ Date _____

Owner Transfer Information (To be completed by the Owner)

As the **owner** of the assets to be transferred, I agree to the transfer and understand that the assets must be transferred in compliance with the *Pension Benefits Act* and regulations. I shall only request that the assets be transferred in compliance with the Act and regulations and I understand that if the assets are not transferred in compliance with the Act and the regulations, the transfer is void.

_____ dollars and _____ cents
Amount of Transfer (in words)

\$ _____
Amount of Transfer (numerical)

- OR -

Total Remaining Balance

I request that the assets be transferred as checked, to the above mentioned

LIRA _____ LIF _____ Annuity _____ Pension Plan _____ (initial applicable fund type)

I certify that the information given on this form is correct and complete and I agree to comply with the terms of the transfer as required by the *Pension Benefits Act* and the regulations.

Owner's Signature _____ Date _____

NOTE: a) This form is to be completed in triplicate

PART II (To be completed by the transferor)
Transferor Information and Agreement

Pension Plan Administrator or Financial Institution

NB Registration Number

CCRA Registration Number

The assets for the transfer originate from:

- a pension plan that complies with the Act and regulations and from which the assets are being transferred under section 36 of the Act
- a pension plan that complies with legislation similar to the Act in a designated jurisdiction and from which the assets are being transferred under a provision similar to section 36 of the Act
- another retirement savings arrangement that complies with the Act and regulations (LIF or LIRA)
- a life or deferred life annuity under a contract that complies with the Act and regulations
- the fund of a pension plan that is sponsored by the Province

_____ dollars and _____ cents
Amount of Transfer (in words)

\$ _____
Amount of Transfer (numerical)

- OR -

- Total Remaining Balance

Was the commuted value of the amount for transfer determined on transfer in a manner that differentiated on the basis of the sex of the owner?

Yes No

I certify that I have authenticated the New Brunswick Registration Number given in Part I, that the information in Part II is correct and complete and, with respect to this transfer, I have complied with the provisions of the *Pension Benefits Act* and the regulations. It is understood that if the assets are not transferred in compliance with the Act and the regulations, the transfer is void.

Name (Print)

Position of Office

Authorized Signature

Date

NOTE:

This form shall be forwarded in triplicate to the transferee with the transferred assets for completion of Part III

PART III (To be completed by the transferee)
Receipt by Transferee

We have received \$ _____ in compliance with the *Pension Benefits Act* and regulations.

We have noted that the commuted value of the transfer was / was not differentiated on the basis of the sex of the owner.

Name (Print)

Position of Office

Authorized Signature

Date

NOTE:

The transferee shall retain one copy of the completed form until ninety-three years after the owner's date of birth. The second copy of the completed form shall be returned to the transferor, who shall retain a copy until ninety-three years after the owner's date of birth. The third copy of the completed form shall be given to the owner.