

FORM 4.1

REQUEST TO TRANSFER FROM A PENSION PLAN TO A RRIF

(General Regulation - Pension Benefits Act, s.25.01(3))

Name of Pension Plan: _____

New Brunswick Registration Number of Pension Plan: **NB** _____

Number of Article or Section in Pension Plan Text Permitting Transfer: _____

Name of Member: _____

Social Insurance Number of Member: _____

Amount of Pension before Transfer: \$ _____

Commuted Value: \$ _____

Amount of Request to Transfer to an RRIF
(not to exceed 25% of Commuted Value): \$ _____

Amount of Pension after Transfer: \$ _____

I, _____, an employee or official of the Administrator of the above pension plan, certify that the above information is in accordance with records of the pension plan and the amount requested to be transferred to an RRIF expressed verbally by the member. Also, I have explained to the member that the transfer will reduce future benefits for the member and the member's survivors.

Declared before me _____ at _____

this _____ day of _____, 20_____.

Signature of Declarant

* A Notary Public in and for the _____ of _____

or

A Commissioner of Oaths* Being a Solicitor/*My commission expires _____

(Seal)

I, _____, being the member described in the request, certify that:

- a) I have not commenced to receive my pension under the above pension plan and I understand that no additional transfers from the pension plan to an RRIF will be permitted,
- b) This transfer is made freely and voluntarily by me and not because of any coercion or because of any judgment that anyone may have against me,
- c) I consent to any information on this form being used by any department or agency of the Province to determine my eligibility for a program for senior citizens,
- d) I (do / do not)* have a spouse or common-law partner as defined in the *Pension Benefits Act* who may or will have a right to the assets in the pension plan, and
- e) All the above information is true and complete to the best of my knowledge.

Declared before me _____ at _____

this _____ day of _____, 20_____.

Signature of Declarant

* A Notary Public in and for the _____ of _____ or _____ A Commissioner of Oaths Being a Solicitor/*My commission expires _____

(Seal)

*DELETE INAPPLICABLE PORTIONS. MUST BE TAKEN BY A NOTARY PUBLIC IF DECLARED OUTSIDE NEW BRUNSWICK.

NOTE:

- (a) This form is to be retained by the administrator of the pension plan.
- (b) If the member of the pension plan has a spouse or common-law partner, a completed Form 4.2 must be attached to this form.