

**FORM 3.3**

**REQUEST FOR APPROVAL OF TRANSFER FROM LIF TO RRIF**

*(General Regulation - Pension Benefits Act, s.22(6.1))*

Name of Financial Institution: LEAGUE SAVINGS AND MORTGAGE

New Brunswick Registration Number of Life Income Fund (LIF): NBF00034.94

CCRA Registration Number of LIF: RIF 210

Name of Owner of LIF: \_\_\_\_\_

Date of Birth of Owner: \_\_\_\_\_

Social Insurance Number of Owner: \_\_\_\_\_

Account Balance of January 1 of Current Year: \$ \_\_\_\_\_

Maximum Income Payable from LIF: \$ \_\_\_\_\_

The Maximum Unlocking Amount: \$ \_\_\_\_\_

Projected maximum amount of income payable from LIF in the following year if the maximum amount of income payable from LIF is withdrawn and the maximum unlocking amount is transferred to an RRIF, (both transactions taking place on January 1 and annual investment income estimated at 6%): \$ \_\_\_\_\_

The Amount Requested to be Transferred to RRIF: \$ \_\_\_\_\_

I, \_\_\_\_\_, an employee or official of the above financial institution, certify that the above information is in accordance with the identification documents of the owner and all other information is correct, and that I have read and explained the above information and other conditions to the owner.

Declared before me \_\_\_\_\_ at \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

X \_\_\_\_\_  
Signature of Declarant

\* A Notary Public in and for the \_\_\_\_\_ of \_\_\_\_\_

or

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

(Seal)

I, \_\_\_\_\_, owner of the life income fund (LIF) from which the assets are to be transferred to a registered retirement income fund (RRIF), certify that I have not made a previous transfer from an LIF to an RRIF and I understand that no additional transfers from an LIF to an RRIF will be permitted, that 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, that 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, that 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 LIF, and that all the above information is true and complete to the best of my knowledge..

Declared before me \_\_\_\_\_ at \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

X \_\_\_\_\_  
Signature of Declarant

\* A Notary Public in and for the \_\_\_\_\_ or A Commissioner of Oaths Being  
\_\_\_\_\_ of 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 may be sent by mail, courier or fax to the Office of the Superintendent of New Brunswick.
- (b) If the owner of the LIF has a spouse or common-law partner, a completed Form 3.4 must be attached to this form.

I, \_\_\_\_\_, the Superintendent of Pensions or a person delegated under subsection 91(3) of the *Pension Benefits Act*, approve the above request for a transfer from a life income fund (LIF) to a registered retirement income fund (RRIF) as defined under the *Income Tax Act (Canada)*

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature