



Department of Labour and Workforce Development

Pension Regulation Division

P. O. Box 2531, Halifax, NS B3J 3N5

Form 3 - Application to Transfer Commuted Value of Deferred Pension Pursuant to Section 50 of the Pension Benefits Act

I, _____, am a member/surviving spouse of a member _____ (give name of member) of the registered pension plan known as _____ and hereby apply to:

Check one

- 1. transfer the commuted value of my deferred pension to a locked-in registered retirement savings plan as prescribed under Section 18 of the regulations under the Pension Benefits Act
2. transfer the commuted value of my deferred pension to a life income fund as prescribed under Section 18A of the regulations under the Pension Benefits Act
3. use my pension benefit to purchase an immediate life annuity as prescribed under Section 19 of the regulations under the Pension Benefits Act
4. use my pension benefit to purchase a deferred life annuity as prescribed under Section 19 of the regulations under the Pension Benefits Act
5. transfer my pension benefit to a pension plan of which I am currently a member, which is known as _____.

My address is: _____

Signed at _____ (place) in the Province of _____ this _____ day of _____, _____

Signature of member (surviving spouse of member)

Signature of witness

Name of member (surviving spouse of member)

Name of witness

Application having been received for:

Check one

1. a locked-in registered retirement savings plan as prescribed under Section 18 of the regulations under the *Pension Benefits Act* _____
2. a life income fund as prescribed under Section 18A of the regulations under the *Pension Benefits Act* _____
3. an immediate life annuity as prescribed under Section 19 of the regulations under the *Pension Benefits Act* _____
4. a deferred life annuity as prescribed under Section 19 of the regulations under the *Pension Benefits Act* _____
5. transfer to a registered pension plan _____

The funds shall only be transferred to a locked-in registered retirement savings plan or life income fund or used to purchase an immediate life annuity or a deferred life annuity that meets the requirements of the regulations under the *Pension Benefits Act* and shall be administered in accordance with the *Pension Benefits Act*.

Signed at _____ (place) in the Province of _____ this _____ day of _____, _____

Signature of administrator/transferor

Signature of administrator/transferee

Name of administrator/transferor

Name of administrator/transferee

Name of institution transferring funds

Name of institution accepting funds