

Form 11

Withdrawal from LIRA or LIF:

- Life expectancy less than 2 years
- Non-residency
- Small amount at age 55
- Excess amount transferred



Why complete this form?

Use this form if you want to withdraw or transfer money from your locked-in retirement account (LIRA) or life income fund (LIF) for one of the reasons listed above.

Answer the following questions to see if this is the right form for you:

Was the LIRA or LIF earned by you or your spouse while working in Nova Scotia?

- Yes.** Continue to the next question.
- No.** Do not use this form; contact the jurisdiction where the LIRA or LIF was earned.

Was the LIRA or LIF earned while working for a company regulated by the federal government*?

- Yes.** Do not use this form; contact the financial institution that holds your account.
- No.** Continue to the next question.

Why do you want to withdraw or transfer money?

- I have an illness or disability that is likely to shorten my life expectancy to less than 2 years.
- I have not lived in Canada for the last 2 calendar years.
- I am 55 or older and have less than **\$37,300** in all of my LIRAs and LIFs combined.
- I have transferred an amount of money from my pension plan that exceeds the limit allowed under the Income Tax Act.

IMPORTANT: Have you considered other effects of withdrawing or transferring this money?

Before using this application for purposes of having money released from your Nova Scotia locked-in contract you may wish to:

- Seek the advice of a qualified lawyer or financial professional and undertake your own due diligence.
- Contact the Canada Revenue Agency at **1-800-959-8281** to learn about the impact any withdrawal may have on your taxes.
- Note that unlocking funds may impact your eligibility for certain government benefits. Contact the government department or agency that provides those benefits to see how they may be affected.
- Be advised that once the funds are unlocked, the money is no longer protected from your creditors.

**Includes, but is not limited to, any federal government departments or agencies, or employees in air, water and rail transportation, interprovincial trucking, radio, television and telegraph, atomic energy and chartered banks.*

Form 11

Withdrawal from LIRA or LIF

1. Give your personal information

Last name:	First name:
Middle name:	Date of birth (dd/mm/yyyy):
Mailing address:	
Town or city:	Postal code:
Phone number:	

2. Give information about the LIRA or LIF

LIRA or LIF account number: _____

Name of the financial institution looking after the LIRA or LIF: _____

Address: _____

City: _____

Postal code: _____ Phone number: _____

3. Where was the money in the LIRA or LIF transferred from?

- my pension plan with a former employer
- a former spouse's pension plan after the breakdown of our relationship

4. Where was the pension earned by you or your former spouse?

Company name: _____

Province of employment: _____

5. Attach a copy of the most recent statement from your LIRA or LIF

Statement attached.

6. Attach one of the following declarations and supporting documents

6A1 Declaration in support of a withdrawal related to illness or disability (see page 4) and **6A2 Physician's Statement** (see page 5)

6B Declaration in support of a withdrawal by a non-resident of Canada (see page 6)

6C Declaration in support of a withdrawal after age 55, where the total value of all plans is less than **\$37,300** (see page 7)

6D Declaration in support of a withdrawal related to an amount exceeding Income Tax Act limits (see page 9)

7. Attach an Owner's Certificate for the LIRA or LIF

Owner's certificate attached, which is signed and witnessed (see page 10)

Form 11

Withdrawal from LIRA or LIF



8. Attach a Spouse's Consent to the withdrawal or transfer, if needed

Spouse's consent attached, which is signed and witnessed (see page 11)

I have no spouse as defined in the Pension Benefits Act (see our definition of spouse on page 12)

Spousal consent is not required because I am completing a *6D Declaration in support of a withdrawal related to an amount exceeding Income Tax Act limits* - an excess amount (see page 9)

If you want to withdraw or transfer money from more than one LIRA or LIF, you must fill out a separate application form for each account.

It is an offence under the Criminal Code for anyone to knowingly make or use a false document with the intent that it be acted upon as genuine.

This form is approved by the Superintendent of Pensions under the Pension Benefits Act.

9. Give this application to the financial institution that looks after your LIRA or LIF.

DO NOT give this application to the Department of Finance and Treasury Board, Pension Regulation Division.

Questions? Contact the financial institution that holds your LIRA/LIF account

Form 11- 6A1

Declaration in support of a withdrawal related to illness or disability

I declare that I have an illness or disability that is likely to shorten my life expectancy to less than two years.

Declare the amount you want to withdraw

- \$ _____
- All of the money in my LIRA or LIF



Attach one of the following from your doctor

- A **Physician's Statement** signed and completed by your doctor. (see page 5 of this form)
- A **letter signed by your doctor** stating:
 - that they are a physician licensed to practice medicine in the jurisdiction in which they practice and, if outside of Canada, include their license number and the name of the licensing body for the jurisdiction where they are licensed to practice
 - that it is their opinion that you will likely live for less than two years due to your illness or disability.

<p>Signature of Applicant: _____</p> <p>Date (yyyy/mm/dd): _____</p>
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Declaration for Non-Residents of Canada:

I declare that I reside outside of Canada and that I reside in the same jurisdiction as the physician providing their opinion that I will likely live for less than two years due to my illness or disability.

<p>Signature of Applicant: _____</p> <p>Date (yyyy/mm/dd): _____</p>
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Time-sensitive material: This application must be received by the financial institution that looks after the LIRA or LIF within 60 days of signing to be valid.

Form 11- 6A2

Physician's Statement

You may complete this form or give your opinion in another written format, such as a letter. It must contain the following statements:

- that you are a physician licensed to practice medicine in the jurisdiction in which you practice and, if outside of Canada, include your license number and the name of the licensing body for the jurisdiction where you are licensed to practice.
- that, in your opinion, the owner has an illness or disability that is likely to shorten their life expectancy to less than two years
- include your signature and date

Physician's information

Last name: _____

First name: _____

Middle name: _____

Address: _____

Postal code: _____

Phone number: _____

Physician's statement

I am a physician licensed to practice medicine in the jurisdiction in which I practice. In my opinion, my patient (print the full name of your patient on the below line)

has an illness or disability that is likely to shorten their life expectancy to less than two years.

Physician's

Signature : _____

Date (yyyy/mm/dd): _____

Time-sensitive material: This application must be received by the financial institution that looks after the LIRA or LIF within 60 days of signing to be valid.

Form 11- 6B

Withdrawal by a non-resident of Canada

I left Canada on (yyyy/mm/dd): _____

Declare the amount you want to withdraw

\$ _____

All of the money in my LIRA or LIF



Attach a signed declaration regarding your residency in Canada for the 2 immediately previous calendar years.

Letter attached.

Signature of Applicant: _____

Date (yyyy/mm/dd): _____

Time-sensitive material: This application must be received by the financial institution that looks after the LIRA or LIF within 60 days of signing to be valid.

Form 11- 6C

Declaration in support of a withdrawal after age 55, where the total value of all plans is less than \$37,300

I declare that

- I am 55 years or older.
- The total value of all of my LIRAs and LIFs is less than **\$37,300**.

I declare that I have \$ _____ in all of my Nova Scotia LIRAs and LIFs including the one from which I want to withdraw money.

Calculate the total amount of money you have in all of your LIRAs and LIFs

Financial institution looking after the LIRA or LIF	Policy or account #	Date of most recent statement (yyyy/mm/dd)	Value of all funds held in LIRA or LIF
			\$
			\$
			\$
			\$
			\$
			\$
Total			\$

Note: All statements recorded on this form must have been issued within the last 12 months.

1. Do you want to withdraw money or transfer it to an RRSP or RRIF?

Withdraw. Go to question 2 or **Transfer.** Go to question 3

2. Declare the amount you want to withdraw

\$ _____ All of the money in my LIRA or LIF

3. Declare the amount you want to transfer

\$ _____ All of the money in my LIRA or LIF

4. Give information about the RRSP or RRIF into which you want to transfer money

RRSP or RRIF account number: _____
 Name of the financial institution looking after the RRSP or RRIF: _____
 Address: _____
 City or Town: _____
 Postal code: _____ Phone number: _____

Note: Ask your financial institution about transferring identifiable and transferable securities.

<p>Signature of Applicant: _____</p>	<p>Date (yyyy/mm/dd): _____</p>
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Form 11 – 6D

Declaration in support of a withdrawal related to an amount exceeding Income Tax Act limits

1. Declare the amount you want to withdraw

- \$ _____, which is less than the maximum allowed.
- The maximum allowed.

Note: The maximum allowed equals the amount that was transferred from your former pension plan into your LIRA or LIF that exceeded the Income Tax Act limit plus any income you earned on that excess amount. Contact the financial institution that looks after your LIRA or LIF and have them calculate this amount for you.

2. Attach a statement that sets out the excess amount that was transferred from your pension plan into your LIRA or LIF.

Statement from the administrator of my former pension plan attached.

Statement from the Canada Revenue Agency attached.

I declare that I have withdrawn money from my pension plan and that the amount I withdrew exceeded the limit allowed under the Income Tax Act.

<p>Signature of Applicant: _____</p>	<p>Date (yyyy/mm/dd): _____</p>
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Time-sensitive material: This application must be received by the financial institution that looks after the LIRA or LIF within 60 days of signing to be valid.

Form 11-7

Owner's Certificate

I **certify** that I own the LIRA or LIF named in this application and am applying to withdraw or transfer money from it.

I **certify** that on the date I sign this certificate, the following statement is true: **(Check only one)**

- I do NOT have a spouse.
- I have a spouse and have attached my spouse's consent to the withdrawal of money from my LIRA or LIF –Spousal Consent, page 10 of this form.
- I have a spouse, but we do not live together now and do not intend to live together again in the future, and my spouse has given a Form 8 Spousal Waiver of Death Benefit under a LIRA or LIF to my financial institution in relation to this money.
- I have a spouse, but we do not live together now and do not intend to live together again in the future, and my spouse is not entitled to any part of the money in the LIRA or LIF because of a court order or domestic contract.
- I have a spouse but all the money in my LIRA or LIF was originally earned by my former spouse under his or her pension plan, and I became the owner of that money as a result of the breakdown of our relationship.

I **certify** that all of the information in this application is true, complete, and correct.

I **understand** that, in addition to the amount that I have applied to withdraw or transfer from my LIRA or LIF, applicable taxes will be withheld.

I **understand** that any money withdrawn from my LIRA or LIF will no longer be protected from my creditors.

Signature of Applicant: _____	Date (yyyy/mm/dd): _____
Signature of witness: _____	Date (yyyy/mm/dd): _____

This consent must be signed before a witness who must be at least 18 years of age. They must see you sign the form, sign above, date, and complete the *Witness' Information* below immediately after seeing you sign and date this form.

Give information about the witness

Last name: _____

First name: _____ Middle name: _____

Mailing address: _____

Town or city: _____ Postal code: _____

Phone number: _____

Time-sensitive material: This application must be received by the financial institution that looks after your LIRA or LIF within 60 days of signing to be valid.

Form 11 – 8

Spouse's Consent to Withdrawal or Transfer



To be completed by the spouse referred to in the Owner's Certificate portion of this application. Before signing this consent, you should speak to a lawyer about your rights and the legal consequences of signing this consent.

Spouse's information

Last name: _____

First name: _____ Middle name: _____

Mailing address: _____

Town or city: _____ Postal code: _____

Phone number: _____

Spouse's consent

I am the spouse (as defined on page 11 of this form) of the owner of the LIRA or LIF named in this application.

I understand that the owner is applying to withdraw or transfer money from the LIRA or LIF named in this application.

I understand that the owner must have my consent to withdraw or transfer the money from the LIRA or LIF.

I understand that I do not have to give my consent—it is my choice to consent or not to consent.

I understand that while this money is kept in the LIRA or LIF, I may have a right to a share of this money if our relationship breaks down or if the owner dies.

I understand that when money is withdrawn or transferred from the LIRA or LIF, I may lose any right that I have to a share of the money that is withdrawn or transferred.

I consent to the owner's application to withdraw or transfer money from the LIRA or LIF.

I give my consent by signing and dating this consent in the presence of a witness.

Signature: _____	Date (yyyy/mm/dd): _____
Signature of witness: _____ <i>Other than Spouse</i>	Date (yyyy/mm/dd): _____

This consent must be signed before a witness who must be at least 18 years of age. They must see you sign the form, sign above, date, and complete the *Witness' Information* below immediately after seeing you sign and date this form. **The witness cannot be your spouse.**

Give information about the witness

Last name: _____

First name: _____ Middle name: _____

Mailing address: _____

Town or city: _____ Postal code: _____

Phone number: _____

Time-sensitive material: This application must be received by the financial institution that looks after your LIRA or LIF within 60 days of signing to be valid.

Form 11

Definitions

How we define spouse, domestic contract, owner, financial institution, waiver, and consent

Spouse

- The person you are married to.
- The person you are married to, if the marriage hasn't been legally ended.
- The person you thought you were married to, if you are still living together.
- The person you thought you were married to, if you have lived together within the last 12 months.
- The person you are living with as a registered domestic partner under the Vital Statistics Act.
- The person you have been living with in a conjugal relationship for at least one year, if neither of you are married to someone else.
- The person you have been living with in a conjugal relationship for at least three years, even if one or both of you are married to someone else.

Domestic contract

A domestic contract means

- a written agreement that provides for a division between spouses of a pension benefit, deferred pension, or pension.
- a marriage contract as defined in the Matrimonial Property Act

Consent – permission or approval to do something.

Financial institution – a bank, a credit union, an insurance company, or any organization that invests money in financial assets

Owner – the owner of the locked-in retirement account (LIRA) or a life income fund (LIF)

Residency in a calendar year - residing in Canada for 183 days or more of that calendar year.

Waiver – a written agreement in which a person gives up a right to something to which they would ordinarily be entitled. For example, a written agreement in which a spouse gives up the right to receive pension benefits to which they would ordinarily be entitled.