

Instructions for clients who wish to complete a prescribed transfer from a Manitoba Life Income Fund (LIF) to a Prescribed Retirement Income Fund (PRIF)



1. Please read all of the instructions carefully before beginning this process.
2. Please complete the documents in their entirety within the timelines specified.
3. Please submit copies of the documents as indicated below to Sun Life Financial within 30 days of receiving the application.

Account/Policy statement – Manitoba LIF

This statement includes information you will need in order to complete the Application form.

You will need to include the current account/policy value indicated on this statement in section C – Fund and prescribed transfer information on the Application form.

Application form

You will need to complete the Application form in its entirety. This is a one-time only prescribed transfer from a LIF to a PRIF, so if you have LIFs with different financial institutions, you will need to ensure that you request the prescribed transfers for all LIFs at all financial institutions at the same time.

Section A – Financial institution information

This section indicates the financial institution administering your LIF account. It has been pre-filled with Sun Life Financial's (Sun Life Financial Investment Services (Canada) Inc., Sun Life Assurance Company of Canada) information.

Section B – Applicant information

Please complete this section with your personal information.

Section C – Fund and prescribed transfer information

You will need to complete this section with details of all your LIF accounts at Sun Life Financial.

- *Account number* – this is the contract number of each of your LIF accounts at Sun Life Financial.
- *Maximum amount available* – this is the maximum amount indicated on the Account/Policy statement – Manitoba LIF that we have provided to you.
- *Request for prescribed transfer* – you will need to indicate for which of your LIF accounts you are requesting a prescribed transfer. If you would like to transfer funds from more than one LIF account, all the transfer requests must be completed at the same time.
- *Amount requested to be transferred* – this is the amount you would like transferred from your LIF to a PRIF. This amount cannot exceed the Maximum amount available.

Section D – PRIF information (This product is only offered by Sun Life Financial Investment Services (Canada) Inc.)

Please indicate the financial institution that is issuing the PRIF account, along with the account number. Please indicate the mailing address of the financial institution.

Section E – Confirmation of spouse or common-law partner

Please check the appropriate box confirming whether you do or do not have a spouse or common-law partner.

Note: If you check the box indicating that you do have a spouse or common-law partner, Form 4 – Consent to One-time Transfer of Manitoba Locked-In Money is required. Your spouse will need to complete this form.

Section F – Confirmation of orders on affected accounts

Please confirm if, to the best of your knowledge, any of the accounts you have indicated in section C of the Application form are subject to one or more of the orders listed in this section. If any of the accounts you have indicated in section C are subject to one or more of the orders listed in this section, please attach a copy of the applicable documentation to the Application form.

Section G – Applicant statement

As required by the Office of the Superintendent – Pension Commission for Manitoba, the Application form and, if required, Form 4 – Consent to One-time Transfer of Manitoba Locked-In Money must be returned to Sun Life Financial within 30 days from the date you receive the documents or the application will be considered void and the transfer cannot be completed.

Section H – Declaration

Please read and ensure all of these statements are true. Please sign and date the Application form.

Form 4 – Consent to One-time Transfer of Manitoba Locked-In Money

If you have a Spouse or Common-Law Partner, he/she is required to complete this consent form. This form will need to be submitted along with the Application form.

Once you have completed the required forms

Once you have completed all of these forms, please send copies of:

- Application form
- Form 4 – Consent to One-time Transfer of Manitoba Locked-In Money (if applicable)

to:

Sun Life Financial Investment
Services (Canada) Inc.
227 King St South
PO Box 1601 STN Waterloo
Waterloo ON N2J 4C5
(Sun Life Financial
nominee name accounts)

Sun Life Assurance Company of Canada
227 King St South
PO Box 1601 STN Waterloo
Waterloo ON N2J 4C5
(Sun Life Financial
accumulation annuity products)

Note: These documents must be received at Sun Life Financial within **30 days** from the date you receive the documents. We recommend that you retain copies of all of these documents for your records.

Sun Life Assurance Company of Canada does not offer the PRIF. You will need to ensure that you have established a PRIF in order to transfer your LIF.

Application for a prescribed transfer from a Manitoba Life Income Fund (LIF) to a Prescribed Retirement Income Fund (PRIF) contract



[Section 21.4 of *The Pension Benefits Act* of Manitoba and subsection 18.2 of the Regulation]

An application may only be made in respect to a LIF that is locked-in under *The Pension Benefits Act of Manitoba and Regulation*.

A Financial institution information

Name of financial institution administering the Applicant's LIF(s): Sun Life Financial

Mailing address: 227 King St South, P.O. Box 1601, STN Waterloo, Waterloo, ON N2J 4C5

Advisor name	Advisor phone number
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*If you wish to make a prescribed transfer from LIF(s) managed by different financial institutions, you must make a separate application to each institution.

B Applicant information

Last name	Middle initial	First name		
Address (street number and name)				Apartment or suite
City	Province	Postal code	Phone	
Social Insurance Number		Date of birth (dd-mm-yyyy)	Fax	

C Fund and prescribed transfer information

Identify for each of your LIFs administered by Sun Life Financial, the account number, maximum amount available for a prescribed transfer, if you wish to make a prescribed transfer and the amount to be transferred.

Account number	Maximum amount available*	Request for prescribed transfer	Amount requested to be transferred**
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

* The amount indicated in the Maximum amount available column is the amount indicated on the Account/Policy statement – Manitoba LIF

** The amount indicated in the Amount requested to be transferred column cannot exceed the amount indicated in the Maximum amount available column.

You are limited to a one-time transfer of up to 50% of the balance in one or more LIFs to a PRIF.



D PRIF information (This product is only offered by Sun Life Financial Investment Services (Canada) Inc.)

Name of financial institution that will administer and issue the PRIF account			
Address (street number and name)			
City	Province	Postal code	Prescribed RRIF account number

E Confirmation of spouse or common-law partner

Subsection 21.4(5) of *The Pension Benefits Act* requires that if you were a pension plan member and you have a spouse or common-law partner and at the time of making the application you are not living separate and apart from the spouse or partner by reason of a breakdown of your relationship, the prescribed transfer cannot be made unless the spouse or partner consents in writing by completing Form 4 – Consent to One-time Transfer of Manitoba Locked-In Money.

- I do *not* have a spouse or common-law partner whose consent is required by subsection 21.4(5) of the Act.
- I do have a spouse or common-law partner whose consent is required by subsection 21.4(5) of the Act.
(Please include Form 4 – Consent to One-time Transfer of Manitoba Locked-In Money)

F Confirmation of orders on affected accounts

To the best of my knowledge, I confirm that the account(s) indicated in section C of this application are subject to (Please select all that apply):

- a maintenance order under the *Garnishment Act*;
- a preservation order under section 59.3 of the *Family Maintenance Act*;
- a division order under the credit splitting provisions of section 31(2) of the *Pension Benefits Act*;
- an order under the *Family Property Act* or a written agreement dividing family assets;

If any of the above is selected, I have attached a copy of the applicable documentation to this application. I acknowledge that by not selecting any of the above, none of the accounts in section C of this application are subject to any of these orders.

G Applicant statement

The application will be considered void and the transfer will not be made unless the completed application including:

- a completed Form 4 – Consent to One-time Transfer of Manitoba Locked-In Money, if applicable, and
- any other information Sun Life Financial requires to facilitate the prescribed transfer

is returned to Sun Life Financial within 30 days from the date you receive the documents.

Sun Life Financial must make the prescribed transfer within 90 days after sending you the documents mentioned above provided all of the requirements for a prescribed transfer under *The Pension Benefits Act* and the applicable regulation have been satisfied.

H Declaration

I declare that on the date I sign this application:

1. I am at least 55 years of age;
2. I have not previously made a prescribed transfer from one or more LIFs to a Prescribed Retirement Income Fund under section 21.4 of *The Pension Benefits Act*;
3. All the information contained in this application and the documents that accompany this application are accurate and complete;
4. I have reviewed the information specified in section 18.2(5.4) of the regulation for each LIF in respect of which an application for a prescribed transfer is being made;

Further, I understand no additional prescribed transfer will be permitted under section 21.4 of *The Pension Benefits Act* of Manitoba and the Pension Benefits Regulation.

I sign this application form at:

City	Province
Member signature X	Date (dd-mm-yyyy) – –