



Transfer from an RRSP, RRIF, PRPP or SPP to Another RRSP, RRIF, PRPP or SPP on Breakdown of Marriage or Common-law Partnership

See the last page of this form for definitions and instructions.

Legislative references on this form are to the federal Income Tax Act (ITA).

Section 1 – Annuitant or Member

Last name	First name and initial(s)	Social insurance number (SIN)
Address		Telephone number

Part A – Transfer from an unmatured registered retirement savings plan (RRSP), a registered retirement income fund (RRIF), a pooled registered pension plan (PRPP), or a specified pension plan (SPP). Tick one box:

- | | |
|--|--|
| <input type="checkbox"/> I am the annuitant of the unmatured RRSP. | <input type="checkbox"/> I am the annuitant of the RRIF. |
| <input type="checkbox"/> I am the member of the PRPP. | <input type="checkbox"/> I am the member of the SPP. |

Name of the RRSP issuer, PRPP or SPP administrator or RRIF carrier	RRSP, PRPP, SPP or RRIF name and plan number
Plan administrator's, fund carrier's or issuer's address	

Part B – Description of amount to be transferred. Tick one box:

- | | | | | |
|--------------------------|----------|----|--|---|
| <input type="checkbox"/> | Transfer | \$ | | which is all of the property from the RRSP, RRIF, PRPP, or SPP identified in Part A. |
| <input type="checkbox"/> | Transfer | % | | of the property from my RRSP, RRIF, PRPP, or SPP identified in Part A. |
| <input type="checkbox"/> | Transfer | \$ | | of the property from my RRSP, RRIF, PRPP, or SPP identified in Part A. |

Part C – Destination of transfer

Transfer the above-mentioned RRSP, RRIF, PRPP or SPP property to the RRSP, RRIF, PRPP or SPP of my current or former spouse or common-law partner.

Note: See the last page of this form for information on direct transfers from an SPP to an annuity, or from a PRPP to an annuity or RPP.

Name of RRSP issuer, PRPP or SPP administrator or RRIF carrier	RRSP, PRPP, SPP or RRIF name and plan number																				
Address																					
Current or former spouse's or common-law partner's name	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="10" style="text-align: center;">Social insurance number (SIN)</td> </tr> </table>											Social insurance number (SIN)									
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Annuitant's or member's signature	or <input type="checkbox"/> See attached letter. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="10" style="text-align: center;">Year Month Day</td> </tr> </table>											Year Month Day									
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Section 2 – Transferee

We agree to the request for a transfer of property.

1. When we receive the property, we will credit the following plan. Tick one box: RRSP RRIF PRPP SPP

This plan belongs to the current or former spouse or common-law partner identified in Part C of Section 1. This RRSP, RRIF, PRPP or SPP conforms or will conform to the specimen plan or fund identified as:

Specimen plan or fund number and name.	We will check the plan or fund identification in Part C of Section 1, and add or correct information as necessary.
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2. The plan or fund is registered under the ITA. If the plan or fund is not registered, we will apply for such registration.

Transferee's name																					
Authorized person's signature	or <input type="checkbox"/> See attached letter. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="10" style="text-align: center;">Year Month Day</td> </tr> </table>											Year Month Day									
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Section 3 – Transferor: Issue a T4RSP, a T4RIF or a T4A slip for the amount transferred to the annuitant identified in Part A of Section 1

1. We transferred \$ _____ from the RRSP, RRIF, PRPP or SPP identified in Part A of Section 1 to the transferee named in Part C of Section 1.

The transfer was completed on

Year Month Day									

2. The value of the property in the annuitant's or member's RRSP, RRIF, PRPP or SPP just before the transfer was \$ _____

3. Is the transfer from a "qualifying RRIF" as defined under "Definitions" on the last page of this form? Tick one box:

- Yes No Does not apply

I certify that the information given on this form is correct and complete.

Transferor's name	Authorized person's signature																				
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