



# Request for member withdrawal

Return to Group Retirement Services

## EMPLOYER/PLAN SPONSOR INFORMATION

Name of employer/plan sponsor	Policy/plan number
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## MEMBER INFORMATION (please print)

Last name	Initial	First name	Certificate / Social insurance number
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Business telephone number ( ) - Ext.	Home telephone number ( ) -
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Member's home address (street address, city, province and postal code)

### IMPORTANT

- To request a cash withdrawal, or a direct transfer to another registered plan – complete **Part A**
- To request a withdrawal from your RSP under the Homebuyer's Program – complete **Part B**
- To request a withdrawal from your RSP under the Lifelong Learning Program – complete **Part C**
- For a member of a Quebec Simplified Pension Plan to transfer eligible proceeds to another registered plan – complete **Part D**

**NOTE: Due to potential market fluctuations, withdrawal requests for specific dollar amounts from a variable fund (rather than a % of the fund) will be limited to 90% of the estimated value.**

## PART A - CASH WITHDRAWAL OR TRANSFER TO ANOTHER REGISTERED PLAN

Withdraw funds from my: ( ) RSP ( ) RPP ( ) DPSP (employer consent required) ( ) NRSP

### Cash refund

appropriate tax will be deducted and the refund is taxable income (for registered plans) in the year of the withdrawal

Amount requested

- the total value of the funds available  
 \*if funds are being withdrawn from your RSP or NRSP, should your plan remain open?  
 yes, I will continue to participate  no, I will not be making any further contributions

\$\_\_\_\_\_  before tax is withheld  after tax is withheld

Any partial withdrawal will be made from investments according to London Life rules and procedures in effect at the time of the withdrawal.

Have all contributions made to the plan been in respect of salary earned on a Reserve?

No  Yes - if yes and employee is Status Indian, provide 10 digit Indian Registry No. \_\_\_\_\_

### Direct transfer to another registered plan

Amount requested

- the total value of the funds available  
 \*if funds are being withdrawn from your RSP, should your RSP remain open?  
 yes, I will continue to participate  no, I will not be making any further contributions

\$\_\_\_\_\_

Any partial withdrawal will be made from investments according to London Life rules and procedures in effect at the time of the withdrawal.

- for a transfer from an RSP, form *Transfer authorization for registered investments* is required with Parts 1 through 4 completed
- for a transfer from an RPP or DPSP, form T2151 is required with Area 1 completed

**PART B - HOMEBUYER'S WITHDRAWAL - RSP PLANS ONLY**

Amount requested  \$ \_\_\_\_\_

Any partial withdrawal will be made from investments according to London Life rules and procedures in effect at the time of the withdrawal.

Closing date of your purchase \_\_\_\_\_

Completed Revenue Canada form T1036 must be attached to this form.

**PART C - LIFELONG LEARNING WITHDRAWAL - RSP PLANS ONLY**

Amount requested  \$ \_\_\_\_\_

Any partial withdrawal will be made from investments according to London Life rules and procedures in effect at the time of the withdrawal.

Revenue Canada form RC96 with Area 1 completed and signed must be attached to this form.

**PART D - TRANSFER OF ELIGIBLE PROCEEDS UNDER A QUEBEC SIMPLIFIED PENSION PLAN**

Please transfer the following amount to another registered plan:

the total value of my eligible funds under the Simplified Pension Plan (Québec)

\$ \_\_\_\_\_ of my eligible funds under the Simplified Pension Plan (Québec)

A form T2151 with Area 1 completed must be attached to this form.

**PART E - SPECIAL INSTRUCTIONS**

\_\_\_\_\_  
\_\_\_\_\_

**PART F - MEMBER SIGNATURE**

I request that Group Retirement Services proceed with the withdrawal(s) and/or transfer(s) as outlined in this form.

Date \_\_\_\_\_ Member's signature \_\_\_\_\_

**PART G - CONSENT OF IRREVOCABLE BENEFICIARY**

**This section must be completed if you have named an irrevocable beneficiary, otherwise proceed to Part H.**  
I agree to the withdrawal(s) and/or transfer(s) as selected by the member above and I hereby transfer to the member all my rights in the above described policy/plan to the extent of such withdrawal(s) and/or transfer(s)..

\_\_\_\_\_  
Date Signature of irrevocable beneficiary

\_\_\_\_\_  
Date Signature of witness (person of at least age 18 and not the plan member)

**PART H - EMPLOYER/PLAN SPONSOR SIGNATURE**

This section must be completed for:

- all in-service withdrawals from a DPSP
- in-service withdrawals from an RSP or NRSP, where the plan requires employer consent prior to the withdrawal being made.

\_\_\_\_\_  
Date Signature of employer/plan sponsor by authorized person.