

Return to Capital Estate Planning Corp. 4222 - 97th Street NW, Edmonton, AB, T6E 5Z9 Phone 1-800-661-8755 (780)463-6128
Fax: (780)462-7523 Email: strategies@capitalestateplanning.com Web: www.capitalestateplanning.com

Services for this plan are provided by The Great-West Life Assurance Company (Great-West). The policy is issued by London Life Insurance Company, a subsidiary of Great-West.

EMPLOYER/PLAN SPONSOR INFORMATION

| | |
|-------------------------------|--------------------|
| Name of employer/plan sponsor | Policy/plan number |
|-------------------------------|--------------------|

MEMBER INFORMATION (please print)

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

IMPORTANT

- To request a withdrawal or transfer – 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**

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. Any partial withdrawal will be made from investments in accordance with the Administrative Rules and the Investment Rules.

PART A – CASH WITHDRAWAL OR TRANSFER TO ANOTHER PLAN

Withdraw funds from my: RSP RPP Voluntary Contributions DPSP NRSP TFSA VRSP/PRPP

Consent may be required from your employer – check with your plan administrator for details. **Part H** must be completed if consent is required.

Cash refund

RSP / RPP Voluntary Contributions / DPSP / VRSP/PRPP – Applicable tax will be deducted and the refund is taxable income in the year of the withdrawal.

Amount requested

- the total value of the funds available
If funds are being withdrawn from your RSP, NRSP, TFSA or VRSP, should your plan remain open?
 yes, I will continue to participate no, I will not be making any further contributions
- \$ _____ before applicable tax is withheld after applicable tax is withheld

If you are requesting tax not be deducted due to tax-exempt status based on a TD1-IN, provide the following:

- RRSP: a letter of waiver from CRA for the current calendar year
 RPP / DPSP: Information completed by your Employer/Plan Sponsor in Part H

Payment Method

- Cheque
 Deposit to Bank Account – attach a pre-printed personalized void cheque, or complete the following:
Transit (5 digits) _____ Bank Code (3 digits) _____ Account # _____

Direct transfer to another plan

Amount requested

- the total value of the funds available
If funds are being withdrawn from your RSP, NRSP, TFSA or VRSP/PRPP, should your plan remain open?
 yes, I will continue to participate no, I will not be making any further contributions
- \$ _____

You must also provide the details of your new plan. You may do so by submitting a transfer form partially completed by your new plan holder.

Request for member withdrawal (continued)

PART B – HOMEBUYER’S WITHDRAWAL – RSP PLANS ONLY

Amount requested \$ _____

Payment Method

- Cheque
- Deposit to Bank Account – attach a pre-printed personalized void cheque, or complete the following:
Transit (5 digits) _____ Bank Code (3 digits) _____ Account # _____

Closing date of your purchase _____
You must also submit a Canada Revenue Agency form T1036 with this form.

PART C – LIFELONG LEARNING WITHDRAWAL – RSP PLANS ONLY

Amount requested \$ _____

Payment Method

- Cheque
- Deposit to Bank Account – attach a pre-printed personalized void cheque, or complete the following:
Transit (5 digits) _____ Bank Code (3 digits) _____ Account # _____

You must also submit a Canada Revenue Agency form RC96 with 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)

You must also provide the details of your new plan. You may do so by submitting a transfer form partially completed by your new plan holder.

PART E – SPECIAL INSTRUCTIONS

PART F – MEMBER SIGNATURE

I request that Great-West Life 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 (must be age of majority) _____

Date _____ Signature of witness (must be age of majority and not the plan member) _____

PART H – EMPLOYER/PLAN SPONSOR SIGNATURE

This section must be completed by the employer/plan sponsor for in-service withdrawals in one or both of the following situations:

1. Where employer/plan sponsor consent is required prior to withdrawal, consent is provided by signing below.
2. The employee is requesting a tax exempt withdrawal from a DPSP or RPP.

Please indicate if any of the contributions made on behalf of the employee were from tax-exempt employment income as determined by the TD1-IN you have on file for the employee.

- a. No contributions made have been in respect of such tax-exempt income.
- b. All contributions made have been in respect of such tax-exempt income
- c. Some contributions made have been in respect of such tax-exempt income. The percentage of the employment duties relating to such tax-exempt income was _____ %.

If you checked b. or c. your verification will be relied upon to waive tax-withholding on any applicable withdrawals or benefits paid to the member.

Date _____ Signature of employer/plan sponsor by authorized person _____