

**APPLICATION TO RECEIVE A BENEFIT
FROM THE
LABOURERS' LOCAL 493 SUPPLEMENTAL PENSION TRUST FUND**

Administrator's Office:
Employee Benefit Plan Services Limited
45 McIntosh Drive
Markham, Ontario L3R 8C7
Telephone: (905) 946-9700, Toll Free (1-800) 263-3564

Pension Plan Registration Number: 1112424
Contract Number: 30191
Certificate Number: 000

Plan Member's Name: _____ Social Insurance Number: _____

Address: _____ City/Province/Postal Code: _____

Date of Birth: _____ Present Age: _____ Years _____ Months, at _____ 2 _____

Home Telephone Number: () _____ - _____

Name of Present or Last Contributing Employer: _____

Date hired by Contributing Employer: _____

Date Member joined the Pension Plan: _____

Date last worked for a Contributing Employer: _____

GENERAL INFORMATION

Who should use this Form?

1. Members of the Pension Plan who are at least Age 50, who wish to retire and start to receive their Pension Benefit. See the Check List on page 2.
2. Members of the Pension Plan whose employment is no longer governed by a Collective Agreement requiring Contributions to this Pension Plan, who are not yet Age 50, who are Vested in the Pension Plan - that is, they have been a Pension Plan Member for at least 24 consecutive months - and who wish to have the Commuted Value of their Earned Monthly Pension transferred to a Locked In Retirement Account or to the Registered Pension Plan of another Pension Plan Sponsor who has agreed to accept the transfer. See the Check List on page 3.
3. A representative of the Estate of a Pension Plan Member who has died prior to retirement and who is applying for the Pension Plan's Pre Retirement Death Benefit. See the Check List on page 3.

ADMINISTRATOR'S USE ONLY

Date received: _____, _____ Date processed: _____, _____

Contributions from last anniversary to termination date: \$

Contract Holder's Signature _____ Title _____ Date _____

Privacy Statement: The Plan will collect, maintain and communicate only the Personal Information considered necessary for the administration of the Plan. Personal Information will be protected pursuant to the relevant provincial legislation. The Plan may use and exchange information with relevant persons or organizations (institutions, investigative agencies, regulators) in order to manage the Plan and the entitlement to the Benefits of the Plan. Questions related to the Privacy Policy of the Plan should be directed to the Administrator.

CHECK LIST: APPLYING FOR A MONTHLY PENSION

Before the Administrator can process your Application, there are several things that are required of you, namely:

1. You must provide evidence of your Date of Birth. Normally, this would be a photocopy of your Birth Certificate or Baptismal Certificate. If these are not obtainable, the Administrator may accept other evidence, such as a photocopy of that page of your valid Passport indicating your Date of Birth or a photocopy of your Canadian Citizenship papers indicating your Date of Birth. If you have a Spouse, who is not waiving his/her entitlement to a Survivor Pension, then you must also provide evidence of her/his Date of Birth.
2. You must declare whether you have a Spouse at the time your Pension starts, because your Spouse has a legal right to receive at least 60% of your Monthly Pension should you retire and die before your Spouse.
3. If you and your Spouse agree to waive your Spouse's right to receive a part of your Monthly Pension, this Application includes that Waiver, which must be received by the Administrator before your Monthly Pension starts. This Application contains a Survivor Pension Waiver Form. If your Spouse is waiving her/his entitlement to a Survivor Pension, please be sure to complete the Waiver Form.
4. The only Optional Form of Monthly Pension available to you, if you have a Spouse who has not waived her/his right to the Survivor Pension legislated in the Province in which you reside, is a 100% Surviving Spousal Pension, which is explained in this Application.
5. Please remember that the Administrator cannot calculate the amount of Monthly Pension due to you until your last Contributing Employer submits the Contribution Report covering the last month you worked. These Reports are due in the Administrator's Office in the calendar month following the last month you worked; but if your last Employer is late in submitting that Contribution Report, the Administrator will be equally delayed in processing your Monthly Pension.
6. Before submitting this Application, you should consider very carefully the Form in which you wish to receive your Pension, since there can be no change after the start of your Monthly Pension.
7. Unless you provide another instruction, your Pension will be paid to you, monthly in advance, by cheque mailed to the address you have provided on this Application. Pension Benefits can be paid by Direct Deposit, such that they are transferred electronically on the first of every month to the Account you keep at a financial institution, provided the Account is in your name only. If you prefer that arrangement, you must complete the Form herein entitled "Application for Direct Deposit". Please note that your Pension Benefit will be paid in a Lump Sum in accordance with the Income Tax Act's provision for Small Pensions (currently, this is approximately \$25.00 or less per month).
8. The Normal Retirement Age of this Pension Plan is 60, at which time full and unreduced Pensions are payable. You may retire as early as your Age 50; however, the amount of Pension due you will be reduced by $\frac{1}{2}$ of 1% for each month of retirement in advance of your Age 60, to account for the fact that if you retire before your Age 60 you will receive a Monthly Pension for a longer period of time than if you waited until your 60th birthday.

You should also take note that federal legislation requires that your Monthly Pension must start no later than the end of the calendar year of your 69th birthday, and further that Contributions earned by you, if you keep working after that date, cannot increase your Pension Benefit.

9. When applying for a Monthly Pension Benefit, you are required to provide the Administrator a copy of your Birth Certificate (if you have a Spouse, who is not waiving his/her entitlement to a Survivor Pension, then you must also provide the same solid evidence of her/his Date of Birth), along with this Form fully completed, signed and dated by you. Please refer to and complete pages 4 through 10.

CHECK LIST: APPLYING FOR A TERMINATION BENEFIT

The Termination Benefit to which you are entitled, if any, is governed by each of the following three considerations:

1. Whether your entitlement to a Benefit is Vested. You become a Vested Pension Plan Member upon the completion of twenty-four consecutive months of Plan Membership; and
2. Your Age when your employment, and therefore Pension Plan Membership, terminates. If you were younger than Age 50 upon employment termination, and Vested, you may apply to the Administrator to transfer your entitlement in Lump Sum out of the Plan to a Locked-In Retirement Account at a financial institution approved in your Province, or to another Registered Pension Plan. If you are Age 50 or older upon employment termination, and Vested, you may apply to the Administrator to commence your Monthly Pension immediately, which will be reduced on account of Early Retirement, or leave your entitlement in the Plan until your Age 60 in which case you will receive a full and unreduced Monthly Pension; and
3. If you are not Vested upon employment termination, you are not entitled to receive any Benefit on account of your Employer's Contributions.
4. In order to avoid Income Tax on the amount transferred, you must provide the Administrator an executed copy of Canada Revenue Agency's Form T2151, which is provided for you in this Form.
5. When applying for a Lump Sum Termination Benefit, you are required to provide the Administrator a copy of your Birth Certificate, along with this Form fully completed, signed and dated by you. Please refer to pages 10 through 14.

CHECK LIST: APPLYING FOR A PRE-RETIREMENT DEATH BENEFIT

The Pre-Retirement Death Benefit, to which you are entitled, is governed by each of the following two considerations:

1. Pension Legislation in Canada provides that the Spouse of a deceased Pension Plan Member has a prior Right to receive the Benefit payable upon the Member's death. The Definition of a "Spouse" varies from Province to Province, and the Applicant for this type of Benefit should review the Definitions included within this Form.
2. We strongly suggest that the Applicant discuss this matter with a lawyer because we require an Affidavit sworn before a Commissioner for the Taking of Oaths stating whether the deceased Pension Plan Member had a Spouse upon his/her death. A lawyer will also be able to verify to us whether the deceased Pension Plan Member died intestate, or testate in which case the Will may have made provision for the payment of the Benefit payable by this Pension Plan.

We will also require a copy of the Death Certificate. Please refer to pages 13 and 14.

AMOUNT OF MONTHLY PENSION
Estimated Date of Retirement December 1, 2006

In the Spring of each year, the Administrator forwards to every Pension Plan Member a Statement of Earned Monthly Pension, as at the prior December 31st. When you retire, the amount of Monthly Pension payable to you will be the amount you earned to the prior December 31st, plus the amount (if any) earned by you in the year you retire. The amount of Monthly Pension expressed in those Annual Statements is known as the **Normal Form of Monthly Pension**, and means the following:

Life, Guaranteed 5 Years: The amount of Monthly Pension will be paid to you as long as you live. In the event of your death before you have received 60 payments of Monthly Pension, then the balance will be paid to your Beneficiary until 60 payments, in all, have been made.

You do not have to take your Monthly Pension in the above-described Normal Form. Please read the section, below, on pension options, as you may find something more suitable.

PENSION OPTIONS

If you have a Spouse upon your retirement, and she/he has not waived the right to a Survivor Pension, then you must choose one of the following:

60% Survivor Pension: Under this Option, the Insurer will calculate your Monthly Pension, and pay that amount to you as long as you live. Upon your death, if the person who was your Spouse when you retired survives you, then 60% of the amount you were receiving will be paid to your Spouse for her/his remaining lifetime. The amount of Monthly Pension payable under this Option is lower than the Normal Form of Monthly Pension (described above) since a Monthly Pension will be paid for as long as you or your Spouse is alive.

100% Survivor Pension: Under this Option, the Insurer will calculate your Monthly Pension, and pay that amount to you as long as you live. Upon your death, if the person who was your Spouse when you retired survives you, then exactly the same amount will be paid to your Spouse for her/his remaining lifetime. Choosing this Option will mean that your Monthly Pension is lower than the 60% Survivor Pension legislated in your Province, due to the higher amount that you have provided for your Spouse.

If you do not have a Spouse, or your Spouse has waived the right to a Survivor Pension, then you have one of the following Options, namely:

Life Only: Under this Option, the amount of Monthly Pension is payable to you as long as you live, and ceases upon your death. If you choose this Option, the amount of Monthly Pension will be higher than the Normal Form, because you have given up the guarantee of a minimum of 60 payments of Monthly Pension. Or

Life, Guaranteed 10 Years: The amount of Monthly Pension will be paid to you as long as you live. In the event of your death before you have received 120 payments of Monthly Pension, then the balance will be paid to your Beneficiary until 120 payments, in all, have been made.

STATEMENT OF MARITAL STATUS

ONTARIO RESIDENTS

Pension Plan Registration No. 1112424

Every Applicant for a Pension must complete this Section.

(Plan Member's Name)

I, the above named and undersigned, understand that the meaning of the word "Spouse" is that person of the same or opposite sex to me, who is living with me on the date the first payment of Monthly Pension is due, and to whom I am legally married or, if not legally married, has lived with me in a conjugal relationship for a period of at least three consecutive years immediately prior to the date of my retirement or, if not for that period of time, such person and I are the natural or adoptive parents of a child. I therefore state that:

- I do not have a Spouse, as defined.
- I do have a Spouse, as defined, and set out immediately below is the full name and birth date of my Spouse:

(Spouse's Full Name)

(Social Insurance Number)

(Date of Birth)

(Plan Member's Signature)

(Date Signed)

(Witness as to Plan Member's Signature)

SPOUSAL WAIVER FORM

ONTARIO RESIDENTS

Pension Plan Registration No. 1112424

This Section must be completed by every Plan Member who has a Spouse, and who is applying for a Pension Benefit that does not provide at least 60% continuation of Monthly Pension to the Spouse upon the earlier death of the Plan Member.

I, the undersigned, as well as my Spouse, the undersigned, have a full and complete understanding of my Spouse's statutory right to receive at least 60% of my Monthly Pension upon my earlier death. My Spouse and I have agreed to waive that right, and we both understand that this Waiver cannot be withdrawn after my Monthly Pension starts.

(Plan Member's Signature)

_____, _____
(Date Signed)

(Witness as to Plan Member's Signature)

(Plan Member's Spouse's Signature)

_____, _____
(Date Signed)

(Witness as to Plan Member's Spouse's Signature)

The Administrator is barred by Law from accepting the Spousal Waiver Form if it is not received by the Administrator prior to the date on which the Monthly Pension starts. The Administrator is equally barred if this Form is not fully completed with two signatures, witnesses and dates.

APPLICATION FOR A RETIREMENT PENSION

Pension Plan Registration No. 1112424

I am the Pension Plan Member whose signature appears below. I wish to retire such that my Pension starts on the first day of _____, _____, and accompanying my Application is evidence of my own date of birth, and that of my Spouse if I have chosen the Option set out below known as the Spousal Pension. I understand that the earliest date on which my Retirement Pension can start is the first day of the calendar month following the last day I worked for a Contributing Employer, provided I am at least Age 50.

I have completed that part of this Application disclosing whether I have a Spouse. If my Spouse and I are waiving my Spouse's right to a Survivor Pension, we have also completed that part of the Application.

I have chosen the following manner in which my Monthly Pension will be paid to me:

- Life, _____ % (60% or 100%) Spousal Pension (Supply Spouse's birth date evidence)

- Life, Guaranteed Five Years. (Complete Beneficiary Designation Form)

- Life, Guaranteed Ten Years. (Complete Beneficiary Designation Form)

- Please pay the Commuted Value of my pension in a lump sum if it qualifies as a "Small Pension" as described on page 2 (#7)

I understand that the Administrator will process this Application in accordance with my choice, as set out immediately above, and that I cannot make a different choice after the start of my Monthly Pension.

(Plan Member's Signature)

_____, _____
(Date Signed)

BENEFICIARY DESIGNATION

Pension Plan Registration No. 1112424

I have chosen that my Monthly Pension be payable to me in the Form known as “Life, Guaranteed 5 Years” or “Life, Guaranteed 10 Years”. I understand that my Monthly Pension will be payable to me as long as I live; but in the event of my death before the Guarantee has expired (five years or ten years, as I have chosen), the remaining Monthly Pension is payable to that person, persons, charitable or religious institution, etc. that I have named below. I understand that I have the freedom to name any Beneficiary, unless I have signed a legal instrument containing an irrevocable designation (such as a Prenuptial, Separation or Divorce Agreement), and that I have the right to name my Estate as Beneficiary, in which case the Benefit will be distributed in accordance with my Will, or governing legislation in the event that I die intestate.

I herewith designate as my Beneficiary:

(Enter the full legal name of that person, persons, institution, Estate, etc.
who/which is to receive the Benefit.)

Relationship to me (if any)

Address: _____
(Street)

(City)

(Province)

(Postal Code)

(Plan Member’s Signature)

Date Signed: _____, _____

APPLICATION FOR DIRECT DEPOSIT

Pension Plan Registration No. 1112424

I understand that my Monthly Pension can be mailed to the address shown on this Application, and that I will receive the pension cheque monthly-in-advance, barring any interruption in postal services.

However, I choose to have my Monthly Pension deposited to my Account at my chosen financial institution, and that the transfer will be done electronically, such that it will be deposited on the first business day of each calendar month. I confirm that this Account is held in my name, only, and will not be changed to a Joint Account.

I have attached, below, a cheque marked "VOID", and I want to have my Monthly Pension deposited directly to the Account recorded on that cheque.

This Direction will remain in full force and effect until I supply the Administrator a different, written Direction.

(Plan Member's Signature)

_____, _____
(Date Signed)

Attach Void Cheque Here.
(JOINT ACCOUNTS NOT ELIGIBLE)

APPLICATION FOR A TERMINATION BENEFIT

Pension Plan Registration No. 1112424

I am the person named in this Application, and I am not yet age 50. My date of Normal Retirement is _____. Evidence of my date of birth accompanies this Application.

I am applying to have the administrator calculate the Commuted Value of the Monthly Pension earned to the last day I worked with a Contributing Employer, and to which I have a Vested Right.

I understand that the Commuted Value of my Monthly Pension is for the exclusive purpose of eventually providing me a Monthly Pension, or a Death Benefit to my Spouse or Beneficiary in the event of my death before retirement. I request that the Commuted Value be transferred to:

- A locked-In Registered Retirement Savings Plan
- A Canadian Life Insurance Company, for the purpose of purchasing an Annuity that will commence payments on or after my 50th birthday, and that will be paid in accordance with any governing legislation.
- Another Pension Trust Fund which provides a Registered Pension Plan

I understand that the Administrator cannot process my Application to transfer the Commuted Value unless and until I supply the Administrator:

- If the money is being transferred to a Locked-In RRSP, or to a Canadian Life Insurance Company, written documentation from the receiver that the money so transferred will be administered in accordance with the Pension Benefits Act, Ontario, as well as a special Form (T2151) available in this Application Form, which allows the Administrator to transfer the money free of Tax; or
- If the money is being transferred to another Pension Trust Fund, written confirmation from the receiver that both confirms that the other Pension Trust Fund is the Sponsor of a Registered Pension Plan, and further that the receiver has agreed to receive the Commuted Value to be administered in accordance with The Pension Benefit Acts, Ontario. Please refer to the Locking-In Agreement available in this Application Form.
- Evidence of my date of birth.

(Plan Member's Signature)

_____, _____
(Date Signed)

LOCKING-IN AGREEMENT

Pension Plan Registration No. 1112424

BETWEEN: _____
(Herein called the Annuitant)

AND: _____
(Herein called the Depository)

The Annuitant established a Retirement Savings Plan with the Depository, such Plan to be registered in accordance with Section 146 of the Income Tax Act (Canada).

The Annuitant and the Depository hereby covenant and agree that the sum of \$ _____ which will be transferred to his/her Plan by the Trustees of the Labourers' Local 493 Supplemental Pension Trust Fund will be Locked-In and not available to the Annuitant in the form of Cash.

The Plan shall at maturity, or termination prior to maturity, be used to purchase an Annuity payable for the Annuitant's lifetime at least, or a Life Income Fund (LIF) in the Annuitant's name. Such Annuity or LIF may or may not include additional provisions as may be permitted under Section 146 of the Income Tax Act.

It is understood that the above sum, which represents the value of a non-commutable pension under Section 21 of the Pension Benefits Act (Ontario) may not be used for any purpose other than the purchase of a Life Annuity or a Life Income Fund as stated above, and that the transfer of these funds is contingent upon execution of this Agreement.

Dated this _____ day of _____, _____.

(Annuitant Signature)

(Authorized Official or Depository)

(Printed Name and Title)

APPLICATION FOR A PRE-RETIREMENT DEATH BENEFIT

Pension Plan Registration No. 1112424

In the event of the death of a Pension Plan Member who has not retired, and who has been a Member of the Pension Plan for at least 2 years, the Benefit payable by this Pension Plan is the Commuted Value of the pension earned by the deceased Member to the date of his/her death. In accordance with The Pension Benefits Act, Ontario, if the deceased Pension Plan Member had a Spouse upon his/her death, then the Spouse has a prior right to receive the Plan's Pre-Retirement Death Benefit. If the deceased Plan Member did not have a Spouse upon his/her death, or the Spouse had earlier waived this right, then the Pre-Retirement Death Benefit is the Commuted Value of the deceased Plan Member's earned Pension, and is payable in Lump Sum in accordance with the deceased Member's direction of the Member Information Card filed by the deceased Member with the Administrator. If no Member Information Card was filed, then the Pre-Retirement Death Benefit is payable to the deceased Member's Estate.

In accordance with The Pension Benefits Act, Ontario, the meaning of the word "Spouse" is that person of the opposite sex to the deceased Plan Member, who was living with the deceased Plan Member on the date of his/her death, and to whom the deceased Plan Member was legally married or, if not legally married, lived with the deceased Plan Member in a conjugal relationship for the period of at least three consecutive years immediately prior to the date of death or, if not for that period of time, such person and the deceased Plan Member were the natural or adoptive parents of the child.

Name of deceased Plan Member's Spouse _____
Social Insurance Number _____

I declare that I am the deceased Plan Member's Spouse, as defined above, and I have attached to this Application a photocopy of my marriage certificate, or other written evidence to confirm that I am the deceased Plan Member's Spouse. "Other written evidence" means a letter from a person well known, to you and the deceased Plan Member, such as a Lawyer, Physician, or member of the clergy.

As the deceased Plan Member's Spouse, I hereby direct that the Commuted Value be paid to me in one of the following manners:

- In a lump sum, from which the Administrator must withhold on account of Income Tax.
- Transfer to my own Registered Retirement Savings Plan, or to a Canadian Life Insurance Company, and I have attached a special Form (T2151) from Canada Customs and Revenue Agency, which allows the Administrator to transfer this money free of Tax. I have also attached the name and address of the Financial Institution that will hold my RRSP, or the name of the Life Insurance Company

I declare that the deceased Plan Member did not have a Spouse upon his/her death, and I am:

- The person named on the deceased Plan Member's Member Information Card as Beneficiary; or
- The deceased Plan Member did not name a Beneficiary on his/her Member Information Card. The name and address of the legal representative handling the Estate is:

Special note: Applicant must attach a copy of the deceased Plan Member's Death Certificate, unless that has already been filed with the Administrator.

(Applicant's Signature)

(Date Signed)

DIRECT TRANSFER OF A SINGLE AMOUNT UNDER SUBSECTION 147(19) OR SECTION 147.3

You can use this form to record a direct transfer. Tick the boxes that apply to you, and see the back of this form for instructions and definitions. Sections, subsections, and paragraphs referred to on this form are references to the *Income Tax Act*.

Area I – Applicant

Name _____ Social insurance number _____ Telephone _____
 Address _____

If the transfer is from a deferred profit-sharing plan (DPSP), complete Parts A, C, and D below.
 If the transfer is from a registered pension plan (RPP), complete Parts B, C, and D below.

Part A – Transfer from a DPSP

- I am an employee or former employee who is a beneficiary of the DPSP.
- I am a beneficiary spouse or common-law partner requesting a transfer because of the death of an employee or former employee who was the beneficiary of the DPSP.

Canada Customs and Revenue Agency's DPSP registration number _____ Employer's name _____
 Plan number _____ Employer's address _____

Part B – Transfer from an RPP

- I am a member of the RPP.
- I am a current or former beneficiary spouse or common-law partner requesting a transfer because of the death of a member of the RPP.
- I am the RPP member's current or former spouse or common-law partner requesting a transfer because of a breakdown of the marriage or common-law partnership.

1112424 _____ LABOURERS' LOCAL 493 SUPPLEMENTAL PENSION PLAN
 Canada Customs and Revenue Agency's RPP registration number _____ Employer's name _____
 N/A _____ 45 McINTOSH DRIVE, MARKHAM, ONTARIO L3R 8C7
 Plan number _____ Employer's address _____

Part C – Description of amount to be transferred

- Please transfer my whole entitlement under the plan identified in Part A or B.
- Please transfer \$ _____, which is my partial entitlement under the plan identified in Part A or B.

Part D – Identification of the RRSP, RRIF, RPP, or DPSP the funds are being transferred to

- Please transfer the RPP or DPSP single amount to my registered retirement savings plan (RRSP).
 Individual plan number _____ Name of plan and approved specimen plan number _____
- Please transfer the RPP single amount to my registered retirement income fund (RRIF).
 Individual fund number _____ Name of fund and approved specimen fund number _____
- Please transfer the RPP or DPSP single amount to my account as a member of this RPP.
 Employer's name _____ Canada Customs and Revenue Agency's registration number _____
- Please transfer the DPSP single amount to my account as a beneficiary under this DPSP.
 Employer's name _____ Canada Customs and Revenue Agency's registration number _____

Transferee's address _____
 Date _____ Applicant's signature _____

Area II – Transferor's certification

- The \$ _____ transferred is the applicant's whole or partial entitlement under:
 - the DPSP identified in Part A of Area I, or the RPP identified in Part B of Area I.
- We have transferred \$ _____ according to:
 - subsection 147(19) (a DPSP lump-sum transfer to an RPP, an RRSP, or another DPSP); or
 - one of the following subsections: 147.3(1) to (8) (an RPP lump-sum transfer to an RRSP, a RRIF, or another RPP).
- A lock-in provision applies to \$ _____ of the amount we transferred from the RPP identified in Part B of Area I, under the *Pension Benefits Standards Act* or a provincial pension benefits act (specify the act). _____ Does not apply
- We did not transfer \$ _____ of the RPP single amount indicated in item 1 according to one of the following subsections: 147.3(1) to (7). We will report this amount as the applicant's income on a T4A slip.

I certify that the information given on this form is, to the best of my knowledge, correct and complete.

LABOURERS' LOCAL 493 SUPPLEMENTAL PENSION PLAN
 Transferor's name _____
 Date _____ Authorized person's signature _____ TRUST FUND ADMINISTRATOR
 Position or office _____

Area III – Transferee's certification

- We have received \$ _____, and we have credited it to:
 - the applicant's RRSP identified in Part D of Area I;
 - the applicant's RRIF identified in Part D of Area I;
 - the applicant's account as a member of the RPP identified in Part D of Area I; or
 - the applicant's account as beneficiary under the DPSP identified in Part D of Area I.
- The plan to which the single amount has been transferred is registered under the *Income Tax Act*.
- We will administer the amount indicated in item 3 of Area II as a locked-in amount under the recipient fund or plan.
- We will issue a receipt for the amount indicated in item 4 of Area II.

I certify that the information given on this form is, to the best of my knowledge, correct and complete.

Transferee's name _____
 Date _____ Authorized person's signature _____ Position or office _____

Instructions

Who can use this form?

If you are a DPSP trustee or an RPP administrator, you can use this form to record the direct transfer of a single amount for an applicant.

- As a DPSP trustee, you can make a direct transfer to another DPSP, an RPP, or an RRSP.
- As an RPP administrator, you can make a direct transfer to another RPP, an RRSP, or a RRIF.

Note

If you do not use Form T2151 to document this transfer, ensure that you, as the transferor, provide the transferee with the information required to correctly complete the transfer.

Who completes this form?

Area I

The plan member or beneficiary requesting the transfer (the applicant) completes and signs Area I. All copies have to be given to the DPSP trustee or the RPP administrator from which the amount is to be transferred (the transferor).

Area II

The transferor completes and signs Area II. The transferor keeps copy 4, and sends copies 1, 2, and 3 to the DPSP trustee, the RPP administrator, the RRSP issuer, or the RRIF carrier to which the single amount is to be transferred (the transferee), along with the amount being transferred.

Area III

The transferee completes and signs Area III of copies 1, 2, and 3. The transferee keeps copy 3, and returns copy 1 to the transferor and copy 2 to the applicant.

Transfers from a DPSP

As the transferor, you can transfer a single amount for an employee or former employee who participated in the plan as described in subsection 147(19). You can transfer the amount to an RPP for that person's benefit, or to an RRSP under which that person is the annuitant. Also, you can transfer the amount to another DPSP for that person's benefit, if it can reasonably be expected that the recipient DPSP will have at least five beneficiaries throughout the year in which you make the transfer.

Similarly, you can transfer a single amount for the spouse or common-law partner of the employee or former employee, if the spouse or common-law partner is entitled to the amount because the employee or former employee died.

Do not include the amount that you transfer under subsection 147(19) in the income of the person for whom you made the transfer. Also, that person cannot deduct the amount transferred. Do not issue a T4A slip or a receipt for the amount.

Do not withhold income tax from an amount you transfer under subsection 147(19).

Transfers from an RPP

As the transferor, you can transfer a single amount for a plan member to another RPP for the member's benefit, or to the member's RRSP or RRIF. See section 147.3 for the details of such transfers.

You can transfer a single amount for the member's current or former spouse or common-law partner, if that person is entitled to the amount:

- because the member dies; or
- because the marriage or common-law partnership with the member breaks down. In this case, the transfer has to result from a decree, order, or judgment of a competent tribunal, or from a written separation agreement that relates to a division of property.

In certain cases, the rules in section 147.3 limit the amount that you can transfer without tax consequences. If part of an amount transferred does not meet the rules of the subsection under which you transfer, that part is considered to have been paid to the applicant as a pension benefit. In such cases, you have to report that part as the applicant's income on a T4A slip. That part is also considered to have been contributed by the applicant to the RRSP or to the other RPP, whichever applies. The transferee should give the applicant a receipt for the amount.

Similarly, if you transfer the single amount to a RRIF, the excess part is considered to have been contributed to an RRSP. In such cases, you have to report the excess part as the applicant's income on a T4A slip. The transferee should give the applicant an RRSP receipt for the excess part.

Do not include the amount that you transfer under any of subsections 147.3(1) to (8) in the income of the person for whom you make the transfer. Also, that person cannot deduct the amount transferred. Do not issue a T4A slip or a receipt for the amount.

Do not withhold income tax from the amount you transfer under section 147.3.

Definitions

Annuitant – The person who is entitled to receive payments from an RRSP or a RRIF.

DPSP trustee – A corporation named as a trustee under the plan, that is resident in Canada, and licensed or otherwise authorized under Canadian law to carry on in Canada the business of offering to the public its services as a trustee. A DPSP trustee can also mean a group of at least three individuals who are resident in Canada, and who are named as trustees under the plan.

Individual plan number or individual fund number – The individual account, contract, certificate, or other identifier number that the RRSP issuer or RRIF carrier assigns.

RPP administrator – The person or organization that is responsible for administering the RPP.

RRIF carrier – A person described in subsection 146.3(1), with whom an annuitant has an arrangement that is a RRIF.

RRSP issuer – A person described in subsection 146(1), with whom an annuitant has a contract or arrangement that is an RRSP.

Single amount – An amount that is not part of a series of periodic payments.

Spouse or common-law partner – You can find the definition of these terms in most of the income tax guides or pamphlets we publish.

Transferee – The administrator, issuer, or trustee of the plan, or the carrier of the fund to whom the amount is transferred.

Transferor – The administrator or trustee of the plan from whom the amount is transferred.