## **FORM 4.1**

## REQUEST TO TRANSFER FROM A PENSION PLAN TO A RRIF

(General Regulation - Pension Benefits Act, s.25.01(3))

Name of Pension Plan:					
New Brunswick Registration Number of Pe	ension Plan:	NB			
Number of Article or Section in Pension Plant	an Text Permit	ting Transfer:			
Name of Member:					
Social Insurance Number of Member:					
Amount of Pension before Transfer:		\$			
Commuted Value:		\$			
Amount of Request to Transfer to an RRIF (not to exceed 25% of Commuted Value):		\$			
Amount of Pension after Transfer:		\$			
amount requested to be transferred to	an RRIF exp	cordance with records of the pension plan a pressed verbally by the member. Also, uture benefits for the member and the me	I have		
Declared before me		at			
this day of		20			
Signature of Declarant	_				
* A Notary Public in and for the	or	A Commissioner of Oaths* Being			
of		a Solicitor/*My commission			
		expires			

(Seal)

I,		_, being the m	ember described in the request, certify that:			
a)	I have not commenced to receive my pension under the above pension plan and I understand that no additional transfers from the pension plan to an RRIF will be permitted,					
b)	This transfer is made freely and voluntarily by me and not because of any coersion or because of any judgment that anyone may have against me,					
c)	I consent to any information on this form being used by any department or agency of the Province to determine my eligibility for a program for senior citizens,					
d)	I ( do / do not )* have a spouse or common-law partner as defined in the <i>Pension Benefits Act</i> who may or will have a right to the assets in the pension plan, and					
e)	e) All the above informtion is true and complete to the best of my knowledge.					
Declar	red before me		at			
this	day of		, 20			
Signat	ure of Declarant	_				
* A	Notary Public in and for the	or	A Commissioner of Oaths Being			
	of		a Solicitor/*My commission			
			expires			
	_					
(S	eal)					
*DELE	TE INAPPLICABLE PORTIONS. N	MUST BE TA	KEN BY A NOTARY PUBLIC IF DECLARED			

## NOTE:

OUTSIDE NEW BRUNSWICK.

- (a) This form is to be retained by the administrator of the pension plan.
- (b) If the member of the pension plan has a spouse or common-law partner, a completed Form 4.2 must be attached to this form.