

# RRSP TO RRIF CONVERSION FOR GUARANTEED INTEREST CONTRACTS (GIC)

Throughout this form, "Empire Life" means The Empire Life Insurance Company.

This form may only be used to convert a GIC registered retirement savings plan (RRSP) to a GIC registered retirement income fund (RRIF) contract.

<b>1. Owner/Annuitant</b>		
First name	Middle initial	Last name
[                               ]	[         ]	[                               ]

<b>2. Conversion Details</b>	
Contract number	
If converting locked-in funds <b>PROVIDE COPY OF PROOF OF AGE</b> (if not previously submitted)	
<b>Plan Type:</b> <input type="radio"/> Life Income Fund (LIF) <input type="radio"/> Restricted LIF (Federal Only) <input type="radio"/> Prescribed Retirement Income Fund (Saskatchewan and Manitoba only) <input type="radio"/> Other _____	
Do you have a spouse/common-law partner as defined in the pension legislation governing this contract? <input type="radio"/> yes <input type="radio"/> no If yes, the applicable <b>Consent or Waiver</b> form must be fully completed and submitted with this form. If no, the applicable <b>Declaration of no Spouse</b> form must be completed and submitted with this form.	

<b>3. Successor Annuitant</b> – Not applicable for locked-in policies.		
Will your spouse/common-law partner become the successor annuitant on your death? <input type="radio"/> yes <input type="radio"/> no Will the minimum payment be based on your spouse/common-law partner's age? <input type="radio"/> yes <input type="radio"/> no <b>If you answered 'yes' to either question, complete the following and provide a copy of proof of age for your spouse /common-law partner:</b>		
First name of spouse/common-law partner	Last name	Date of birth
[                 ]	[                 ]	[ d   d   -   m   m   m   -   y   y ]

<b>4. Retirement Income Payment Details</b>	
<b>Select one:</b> <input type="radio"/> Minimum amount as prescribed by the <i>Income Tax Act</i> (Canada) <input type="radio"/> Maximum amount as prescribed by the provincial/federal pension legislation (locked-in funds) <input type="radio"/> Level amount of \$ _____ <input type="radio"/> <b>GROSS</b> or <input type="radio"/> <b>NET</b> of applicable fees and taxes	
<b>Banking details</b> <input type="radio"/> Same as current banking information <input type="radio"/> Account shown on the attached void cheque – <b>ATTACH VOID CHEQUE</b> <input type="radio"/> Account shown on the attached pre-authorized transaction form from my financial institution	
<b>Payment Frequency</b> <input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Semi-monthly (twice/month) <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-annually <input type="radio"/> Annually	<b>Start date</b> [ d   d   -   m   m   m   -   y   y ]

<b>5. Withdrawal Instructions</b>		
<b>Daily Interest (DI)</b>	Amount \$ _____ OR _____%	
<b>Guaranteed Interest Option:</b>		
Term _____ Rate _____%	Amount \$ _____ OR _____%	
Term _____ Rate _____%	Amount \$ _____ OR _____%	
Term _____ Rate _____%	Amount \$ _____ OR _____%	
Term _____ Rate _____%	Amount \$ _____ OR _____%	



**6. Special Instructions**

**7. Declaration, Acknowledgement, Authorization and Consent**

**I request that Empire Life:**

- convert my savings plan to a retirement income fund;
- apply to have this contract registered as a retirement income fund under the *Income Tax Act* (Canada) and any other applicable Act(s).

**I understand and agree that:**

- this contract continues to be subject to the provisions of the *Income Tax Act* (Canada) and any other applicable Act(s), and, if applicable, any locked-in endorsements, and that all payments made from the contract will be subject to tax under these Act(s);
- all other terms and conditions of the existing contract remain the same and any declarations, consents or authorizations previously provided by me continue in force;
- any previously established Limited Trading Authorization remains in effect and this authorization allows my advisor to process certain transactions related to the investment options held within the contract without written instructions from me;
- any electronic funds transfer (EFT) arrangements may be terminated on 10 days, written notice beginning the day the notice is mailed either by Empire Life or by me.

**I authorize my financial institution to:**

- accept any deposit (credit) to my account as outlined in Section 4 of this application;
- return to Empire Life any amount deposited to which I am not entitled.

**Signature of owner/annuitant**

X

**Signature of irrevocable beneficiary** (if applicable)

X

**Signature of witness**

X

First name of witness

Grid for first name of witness

Last name

Grid for last name

Signed at (city and province)

Grid for signed at (city and province)

Date

Grid for date: d d - m m m - y y