

**Consent to Transfer Locked-In Pension Funds  
to a Life Income Fund or Locked-in Retirement Income Fund**

I, \_\_\_\_\_, am the spouse as defined in the *Pension Benefits Act*,  
(name of member/former member's spouse)

R.S.O. 1990, c.P.8, as amended, of Ontario (the "Act"), of \_\_\_\_\_  
(name of member/former member)

who is entitled to a pension benefit from locked-in pension funds originating from a pension plan regulated under the Act.

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Being the member or former member's "**spouse**" means either of two persons who

- (a) are married to each other, or
- (b) are not married to each other and are living together in a conjugal relationship,
  - i) continuously for a period of not less than three years, or
  - ii) in a relationship of some permanence, if they are the natural or adoptive parents of a child, both as defined in the Family Law Act ("conjoint").

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**Consent**

I understand that my spouse wants to transfer the value of his/her pension benefit to (*indicate plan being purchased*): ☐ a Life Income Fund (LIF) or ☐ a Locked-in Retirement Income Fund (LRIF) and hereby consent to the transfer of the value of the pension benefit to the plan indicated.

In providing this consent I understand that:

1. I am not waiving my entitlement to survivor benefits in the event of the death of my spouse; and
2. the LIF or LRIF will allow my spouse to withdraw some of the fund value each year, subject to minimum and maximum withdrawal limits, and that if:
  - (i) my spouse elects to withdraw the maximum amount permitted each year, and/or
  - (ii) the investment performance of the fund is poor,the amount of any survivor benefit on death, the value available to purchase an annuity or any other benefit to which I may be entitled may be significantly reduced.
3. If the value of the pension benefit is being transferred to a LRIF there is no requirement that the fund value be transferred to purchase an annuity at any time.

I am aware that there is no requirement that I provide this consent and my election to do so is solely my option.

Dated at \_\_\_\_\_, in the Province of \_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_.  
(year) (month, year)

\_\_\_\_\_  
Signature of spouse of member or former member

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Name and Address of Witness (printed)

**Note: Prior to completing this form, you should consider obtaining independent legal advice concerning your individual rights and the effect of this consent.**