# TRANSFER FROM A TAX-FREE SAVINGS ACCOUNT (TFSA) TO ANOTHER TFSA ON BREAKDOWN OF MARRIAGE OR COMMON-LAW PARTNERSHIP

Transfers documented in this form must be made directly from the Owner's TFSA to the TFSA of the Owner's spouse. Empire Life reserves the right to request supporting documentation in addition to the Owner's signature.

Throughout this form "Spouse" means Spouse or Common-law partner (or former Spouse or Common-law partner) as defined in the Income Tax Act (Canada).

| Ι.   | TFSA Owner Identification   |                    |  |                                   |                                 |                  |                              |  |
|--|---|--------------------|--|-----------------------------------|---------------------------------|------------------|------------------------------|--|
|  | Owner name (first, middle, last)  |                    |  |                                   |                                 |                  |                              |  |
|  | Address (number, street name)   |                    |  | City Pr                           |                                 | ince             | Postal code                  |  |
|  | Social Insurance Number   | Personal           | tele   | ephone Bus                        |                                 | iness telephone  |                              |  |
| •  | Name of TFSA issuer   |                    | Acc  |                                   | count/policy number             |                  |                              |  |
|  | Address   |                    |  | City Pr                           |                                 | ince             | Postal code                  |  |
| 2.   | Owner Direction to Relinquishing Institution  |                    |  |                                   |                                 |                  |                              |  |
|  | hereby request the transfer, <b>IN CASH</b> , from the account/policy number noted in section 1 to my spouse's policy/application number noted below. Select one of the following: $\bigcirc$ all of the value $\bigcirc$ a partial surrender as specified below: |                    |  |                                   |                                 |                  |                              |  |
|  | Fund name or investment description   |                    | Fund <i>SERV</i> code % o  |                                   | f total investment or \$ amount |                  |                              |  |
|  |   |                    |  |                                   |                                 |                  |                              |  |
|  |   |                    |  |                                   |                                 |                  |                              |  |
| Destination of Transfer  The Empire Life Insurance Company 259 King Street East, Kingston ON K7L 3A8 Telephone: I 800 561-1268 Fax: I 866 762-6163 |   |                    |  |                                   |                                 |                  |                              |  |
|  |   |                    |  |                                   |                                 |                  |                              |  |
|  | Receiving spouse's name (first, middle, last)   |                    |  |                                   |                                 |                  |                              |  |
|  | Receiving spouse's policy/application number  |                    | Social Insurance Number  |                                   |                                 |                  |                              |  |
|  | authorize the surrender of all or part of my investment as indicated above and agree to the value being reduced by any applicable fees, charges or adjustments.   |                    |  |                                   |                                 |                  |                              |  |
|  | Signature of Owner X  |                    |  |                                   |                                 | Date (dd/mmm/yy) |                              |  |
| 3. Receiving Institution   |   |                    |  |                                   |                                 |                  |                              |  |
|  | identified. The arrangement is registered under the Income  | Tax Act as a       | ne Spouse identified in section 2. The TFSA conforms, or will conform to the TFSA<br>Act as a TFSA, or, if the arrangement is not registered as a TFSA, Empire Life will<br>the applicable section(s) of the Income Tax Act, which govern(s) TFSA registrations. |                                   |                                 |                  |                              |  |
|  | Signature of authorized person  Position or   |                    |  | r office                          |                                 | Date (dd/mmm/yy) |                              |  |
|  | Receiving Spouse  |                    |  |                                   |                                 |                  |                              |  |
|  | By signing below, the receiving spouse verifies that the request for transfer is true to the Order of Judgment and understands that<br>Empire Life reserves the right to request a copy of the Order if the spouse's signature cannot be obtained.                |                    |  |                                   |                                 |                  |                              |  |
|  | Signature of Receiving Spouse X   |                    | Date (dd/mmm/yy)   |                                   |                                 |                  |                              |  |
| 4.   | For Use by Relinquishing Institution Only   |                    |  |                                   |                                 |                  |                              |  |
|  | ,   |                    |  | e of the TFSA before the transfer |                                 |                  | Date of transfer (dd/mmm/yy) |  |
|  |   | Position or office |  |                                   |                                 | Date (dd/mmm/yy) |                              |  |

**SEE REVERSE FOR INSTRUCTIONS** 



# INSTRUCTIONS FOR COMPLETION

This form is to be used for transfers from one TFSA to another TFSA on breakdown of marriage or common-law partnership.

# Who completes this form and why?

This form is for use by a TFSA Owner, the Relinquishing Institution, the TFSA Owner's spouse and the Receiving Institution, to request the transfer of an amount from the Owner's TFSA to the TFSA of the Owner's Spouse where:

- those individuals were Spouses:
- the transfer is required as part of the division of property in the settlement of the individuals' rights with respect to the breakdown of marriage or common-law partnership; and
- the transfer is in accordance with the terms of a valid Order.

#### If an amount will be transferred from your TFSA:

Complete and sign the form and submit it to the Relinquishing Institution. The Receiving Institution (the financial institution of your Spouse) may complete the Spouse's TFSA information in Section 2 if not known.

## If an amount will be transferred to your TFSA:

Provide the Relinquishing Issuer, through your financial institution, with your written instructions, including a copy of the Order if requested (you can include a copy of the decree, order, judgement or agreement to the Transferor sealed in an envelope).

### Are there any tax implications?

No amount transferred in accordance with this form is reported as a TFSA withdrawal or a contribution to a TFSA for income tax purposes, nor does such a transfer alter the permitted TFSA contributions of either individual. A tax receipt for income tax purposes will not be issued.

