

**COMMENTS AND INSTRUCTIONS**

This form must be completed by the spouse or common-law partner of a member-owner of a Locked-in Retirement Account (LIRA), Life Income Fund (LIF) or Locked-in Retirement Income Fund (LRIF) when the member-owner wishes to withdraw all or a part of the LIRA, LIF or LRIF account balance as a result of shortened life expectancy.

**Prior to completing this form, the spouse or common-law partner should consider obtaining independent legal advice concerning his or her individual rights and should consider obtaining qualified financial advice about the effect of this waiver and the financial consequences.**

This form must be:

- completed in its entirety;
- signed by the spouse or common-law partner, and witnessed while the member-owner is not present;
- filed with the administrator;
- used for benefits earned under a pension plans subject to *The Pension Benefits Act* of Manitoba and Regulation; and
- before money is transferred to another vehicle permitted under the Regulation, provided to the administrator of the vehicle receiving the money.

For further information please contact the administrator.

**Definitions****Administrator**

Means in relation to a LIRA, LIF or LRIF, the financial institution responsible for administering the plan or fund.

**Common-law partner of a member-owner means**

- (a) a person who, with the member-owner, registered a common-law relationship under section 13.1 of *The Vital Statistics Act*, or
- (b) a person who, not being married to the member-owner, cohabited with him or her in a conjugal relationship
- (i) for a period of at least three years, if either of them is married, or
  - (ii) for a period of at least one year, if neither of them is married.

**Withdraw**

Means withdrawing of all or a part of the member-owner's LIRA, LIF or LRIF account balance as a lump sum.

**Member-owner**

Means the individual identified in the LIRA, LIF or LRIF contract as the annuitant who as a former member of a pension plan transferred a pension benefit credit directly or indirectly to that LIRA, LIF, or LRIF.

**Shortened life expectancy**

Means a life expectancy that has been shortened by reason of a terminal illness or disability to less than two years.

**Spouse**

Where used in relation to another spouse means the person who is married to that other spouse, and "spouses" mean two persons who are married to each other.



**FORM 7**  
**CONSENT TO WITHDRAWAL FROM LIRA, LIF OR LRIF**  
**DUE TO TERMINAL ILLNESS OR DISABILITY**  
*Pension Benefits Regulation, Sections 10.2 of Division 1 and Division 7 of Part 10*

I, \_\_\_\_\_, am the spouse or common-law partner  
(as described above) of \_\_\_\_\_.  
(name of member-owner)

The member-owner earned benefits under a pension plan subject to *The Pension Benefits Act* of Manitoba (Act) and Regulation, and was employed in Manitoba on the day he or she ceased to be an active member of the plan.

I understand that under the Act

- the member-owner may withdraw as a lump sum all or a part of his or her LIRA, LIF or LRIF account balance due to a terminal illness or disability resulting in a shortened life expectancy;
- the member-owner cannot withdraw as a lump sum all or a part of his or her LIRA, LIF or LRIF account without my written consent;
- if I sign this consent the funds will no longer be available to me
  - as a survivor or death benefit on the member-owner's death; and
  - as a spouse, former spouse or common-law partner should the funds be required to be divided under the credit splitting provisions under the Act.

I certify that

- I have read this consent and understand it;
- I have read and reviewed the statement from the administrator setting out the account balance and know the amount that may be withdrawn from the member-owner's LIRA, LIF or LRIF;
- I am not living separate and apart from the member-owner by reason of a breakdown of our relationship;
- I am aware of the consequences of consenting to the withdrawal, and despite the consequences, I consent to the withdrawal;
- the member-owner is not present while I am signing this form;
- I am signing this consent of my own free will without duress, coercion or compulsion of any kind; and
- I realize that:
  - this form only gives a general description of the legal rights I have under the Act and the regulation, and
  - if I wish to understand exactly what my legal rights are, I must read the Act and the regulation and seek legal advice.

I hereby consent to the withdrawal by signing this form in the presence of a witness.

I sign this form at

\_\_\_\_\_ (city/town) \_\_\_\_\_ (province/territory/state) \_\_\_\_\_ (country)

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(signature of spouse or common-law partner)

I, \_\_\_\_\_, of \_\_\_\_\_  
(print name of witness)

\_\_\_\_\_  
(print address of witness)

do witness the signature of the spouse or common-law partner who signed this form before me outside of the presence of the member-owner.

\_\_\_\_\_  
(signature of witness)

**Reference:**

*Pension Benefits Regulation*, Sections 10.2 of Division 1 and Division 7 of Part 10