

RESTRICTED FEDERAL LIF

50% UNLOCKING INSTRUCTION FORM

Planholder Name: _____

BMO InvestorLine Restricted LIF Account: _____

Date funds were transferred to the above Restricted LIF account: _____

Unlocking must be exercised within 60 days of transferring into the Restricted LIF.

Market value of transfer: _____

50% Unlocking Option:

Yes, I the Restricted LIF planholder, wish to exercise the one-time up to 50% unlocking option.

Please transfer: (select one option only)

- 50% of the market value of the transfer
- A percentage (must be less than 50%): _____%
- A fixed amount (must be less than 50%): \$_____

Please transfer the amount as follows: (select one option only):

Transfer to a BMO InvestorLine RRSP (not locked in) account # _____
in cash kind. (attach asset list and instructions for in kind transfers.)

Transfer to a BMO InvestorLine RRIF (not locked in) account # _____
in cash kind. (attach asset list and instructions for in kind transfers.)

Spouse/Common law Partner:

- Yes, I have Spouse/Common law Partner. Please complete attached prescribed Form 2.
- No, I do not have a Spouse/Common law Partner. Please complete attached prescribed Form 2.

LIF Planholder Signature: _____ Date: _____

FORM 2
ATTESTATION(S) REGARDING SPOUSE/COMMON-LAW PARTNER

1. **To:** BMO InvestorLine

2. **List of applicable federally regulated locked-in plans:** *(Please identify any locked-in registered retirement savings plan, life income fund, restricted locked-in savings plan or restricted life income fund that is held by the financial institution identified above and from which you intend to withdraw or transfer funds.)*

Account Number	Plan Type (LRSP, LIF, RLSP, RLIF)
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(a) _____	_____
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(b) _____	_____
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(c) _____	_____
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3. **Attestation of Applicant (locked-in planholder)**

I, *(applicant/planholder's name)* _____,
of *(applicant/planholder's address)* _____,
in the city of _____, in the province of _____, attest to the following:

I own the federally regulated locked-in plan(s) identified in item 2. I intend to withdraw or transfer \$_____ from the plan(s). On the day on which I sign this Attestation (check one):

I do not have a spouse or common-law partner, as defined in section 2 of the *Pension Benefits Standards Act, 1985*;

I have a spouse or common-law partner, as defined in section 2 of the *Pension Benefits Standards Act, 1985*, and my spouse or common-law partner consents to the withdrawal of the amount specified above from the locked-in plan(s) identified in item 2. *(If you check this box, your spouse or common-law partner must complete the Attestation of Spouse or Common-law Partner, in item 6 below.)*

4. **Acknowledgements (of applicant/planholder)**

I understand that when funds are withdrawn or transferred from any federally regulated locked-in plan, the funds may lose the creditor protection provided by the *Pension Benefits Standards Act, 1985* and the *Pension Benefits Standards Regulations, 1985*.

I understand that when funds are withdrawn or transferred from any federally regulated locked-in plan, the funds may be taxable under the *Income Tax Act* or other legislation.

I understand that I may need to seek professional advice about the financial and legal implications of such a withdrawal or transfer.

5. Signatures

Sworn before me, on the _____ day of _____, 20____ at _____,
in the province of _____.

Signature of applicant (locked-in planholder)

Signature of a notary public, commissioner or other person authorized to take affidavits
(may not be an employee of BMO Financial Group)
Include notary public, commissioner or other person authorized to take affidavits' seal or
registration number.

6. Attestation of Spouse or Common-law Partner

I, (name) _____, of (address) _____,
in the city of _____, in the Province _____, attest to the following:

I am the spouse or common-law partner of the owner of the locked-in plan(s) identified in item 2.

I understand that:

- (a) the applicant intends to withdraw or transfer funds from the federally regulated locked-in plans identified in item 2, which withdrawal or transfer is not permitted under the *Pension Benefits Standards Act, 1985* unless the applicant obtains my consent;
- (b) as long as these funds are kept in that federally regulated locked-in plan, I may have a right to a share of these funds if there is a breakdown in our relationship or if the owner dies;
- (c) if any funds are withdrawn or transferred from that federally regulated locked-in plan, I may lose any right that I have to a share of the funds withdrawn or transferred;
- (d) when funds are withdrawn or transferred from any federally regulated locked-in plan the funds may lose the creditor protection provided by the *Pension Benefits Standards Act, 1985* and the *Pension Benefits Standards Regulations, 1985*;
- (e) when funds are withdrawn or transferred from any federally regulated locked-in plan the funds may be taxable under the *Income Tax Act* or other legislation; and
- (f) I may need to seek professional advice about the financial and legal implications of such a withdrawal or transfer.

7. Consent of Spouse or Common-law Partner

I consent to the withdrawal or transfer specified in item 3.

8. Signatures

Sworn before me, on the _____ day of _____, 20____ at _____,
in the province of _____.

Signature of spouse or common-law partner

Signature of notary public, commissioner or other person authorized to take affidavits

(may not be an employee of BMO Financial Group)

Include notary public, commissioner or other person authorized to take affidavits' seal or registration number.