



Form 7
**Application to
Withdraw a Small Balance**
Pension Benefits Act, 1997 (the "Act")

Government of Newfoundland and Labrador
Digital Government and Service NL

Applicant Information

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Name	Date of Birth	YYYY	MM	DD
			/	/
Address			Postal Code	
Telephone Number(s)			Email Address	

LIRAs, LIFs, and LRIFs Regulated by the Act

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I own the following LIRAs, LIFs, and LRIFs regulated by the Act and the current value of each fund is:

Name of Financial Institution	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____

The total value of all LIRAs, LIFs, and LRIFs: **TOTAL \$** _____

The Year's Maximum Pensionable Earnings ("YMPE") under the Canada Pension Plan for the calendar year _____ is: **\$** _____

Value of Assets (please check one box only)

3

☐ I am eligible to receive an immediate pension income from the funds listed above and the total value of all funds is less than 40% of the YMPE for the calendar year in which this application is made; or

☐ The total value of all assets listed above is less than 10% of the YMPE for the calendar year in which this application is made.

Declaration of Owner

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If you are a former member of a pension plan from which the funds originated, please indicate whether you have a principal beneficiary at the time this application is made: (check one)

☐ I have a principal beneficiary **and have included a joint and survivor waiver (Form 3)**;

☐ I do not have a principal beneficiary; or

☐ Not applicable as I am not a former member of the pension plan where the funds originated.

I declare and certify that:

a) within the same calendar year as signing this application, I have not elected to receive temporary income from this LIF or LRIF, or from funds transferred into this LIF or LRIF during the calendar year;

b) within the same calendar year as signing this application, I have not made a withdrawal due to financial hardship from this LIRA, LIF or LRIF, or from funds transferred into this LIRA, LIF or LRIF during the calendar year; and

c) the information provided in this application is based on the most recent information I have available, is less than one year old, and is true and accurate to the best of my knowledge and belief.

Signature of Owner	Date	YYYY	MM	DD	Witness to Signature of Owner
			/	/	

If the owner is a former member of a pension plan from which the funds originated, and has a principal beneficiary, a waiver of a joint and survivor pension (Form 3) must be submitted with this application. **"Principal beneficiary"** means the spouse of the former member or, where the former member has a cohabiting partner, the former member's cohabiting partner, as those terms are defined in the Act.

PLEASE NOTE

This form is not to be submitted to the Pension Benefit Standards Division. If you have questions or comments regarding this form or the associated legislation, please contact the Pension Benefit Standards Division by mail: P.O. Box 8700, St. John's, NL, A1B 4J6, telephone: (709) 729-1039, or email: PensionRegulation@gov.nl.ca.

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