

Form 8 Application to Receive a Temporary Income Pension Benefits Act, 1997 (the "Act")

Government of Newfoundland and Labrador Digital Government and Service NL

	Applicant Information									
	Name		Date of Birth	YYYY	MM		DD			
					/	/				
	Address				Postal Code					
	Telephone Number(s)	Email Address								
	Coloulation of Townson, Income									
_	Calculation of Temporary Income	ninge ("VMDE"	") undor							
2		a) 40% of the Year's Maximum Pensionable Earnings ("YMPE") under the Canada Pension Plan for the calendar year of this application								
	(pro-rated for the initial year):			(a) \$						
(b) The maximum pension income that can be received by the owner from all LIFs, LRIF										
	contracts, and pension plans governed by the	•		_		_				
	province, as defined in the Act, or of Canada, Plan and excluding any withdrawals due to final									
	for the calendar year in which this application is	•			_	_	-			
	Life Income Funds (LIFs) \$		+							
	Locked-in Retirement Income Funds (LRIFs) \$		+							
	Life Annuities \$		+							
	- Pension Plans \$			(b) \$						
	c) Maximum Temporary Income (if negative, enter	zero)	(a) less	(b) \$						
(d) Temporary Income Requested from LIF or LRIF (cannot exceed (c))										
									Declaration of Owner	
3	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 my principal beneficiary has completed Section 4, which has been signed and dated in the presence of a witness other than myself; or									
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) the information provided above is based on the most recent information I have available, is les than one year old, and is accurate, to the best of my knowledge and belief, and 									
	b) the total pension income (see 2(b) above) v				-					
	making this application is not greater than 4 of this application.	10% of the YM	IPE (see 2(a	a) above) for the ca	lenda	r year			
	Signature of Owner Date YYYY	MM DD	Witness to	Signature o	f Owner					

Form 8 - Application to Receive a Temporary Income

Consent of Principal Beneficiary (if required)								
I,	, am the prir	ncipal l	peneficia	y, with	in the			
Name of Principal Beneficiary (Printed)								
meaning of the Act, of the applicant who is the owner of a Income Fund (LRIF).	a Life Income Fund	I (LIF) C	or a Locke	d-in Re	tirement			
I understand that:								
the owner is making an application to withdraw money from the LIF or LRIF, and that the owner cannot withdraw the money from the LIF or LRIF without my consent;								
, -	as long as this money is kept in the LIF or LRIF, I may have a right under the Act to a share of this money if there is a breakdown in our spousal relationship or if the owner dies;							
 if any money is withdrawn from the LIF or LRIF, I may of the money withdrawn; 	ay irrevocably lose	any ri	ght that I	have to	o a share			
 d) it may be prudent to seek independent financial ensure I understand the consequences of consent 	, •	•	_	_				
e) the witness to my signature cannot be the owner of	of the LIF or LRIF.							
I consent to the owner's application to withdraw tempora by signing and dating this consent in the presence of a								
Signature of Principal Beneficiary of Applicant	Date	YYYY	MM		DD			
			/	/				
Name of Witness to Signature of Principal Beneficiary (Printed) – Cannot be the (owner of the locked-in r	etiremen	nt savings ar	rangeme	nt			
Signature of Witness	Date	YYYY	MM		DD			

The Applicant must not have reached his or her 65th birthday at the beginning of the calendar year of application (or on the date the fund is established if this is the initial year of the fund).

Written consent from a principal beneficiary is only required if the owner of the funds is a former member of a pension plan from which the funds originated and has a principal beneficiary. "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.

Future benefits for a principal beneficiary may be valuable. Prior to signing this form, a principal beneficiary should consider obtaining independent advice concerning their individual rights and the effect of providing this consent. This form is not a substitute for legal advice.

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.