

## GUIDELINES FOR COMPLETING THE FORM

### IMPORTANT INFORMATION

This form is used for all provinces except Quebec. For Quebec Estates, please contact us for further guidelines. Our contact information can be found on page 2 of the form.

This form is used only when a beneficiary is named under the plan. In cases where the beneficiary is named under the Will and not under the plan, please contact us for further guidelines. Our contact information can be found on page 2 of the form. The form must be completed in full in order to be processed. This includes the beneficiary's signature.

For the protection of the Estate, incomplete forms, or forms with incorrect information, or incorrect documentation will be rejected and will result in the delay of your request.

Any alterations made on the form must be initialed, before the final declaration is signed.

Any difference in name between plan(s) and legal documents should be addressed by a letter of guarantee from a financial institution or a lawyer on their letterhead stating e.g., John Doe, John H Doe and John Harry Doe are one and the same person.

The Indemnifier may be the beneficiary, the beneficiary's Power of Attorney or legal representative.

If there is more than one beneficiary on the plan, a separate 2373RIF must be completed for each beneficiary.

If there are multiple plans, a separate 2373RIF must be completed for each plan.

The date of death is also referred to as the date of indemnity.

**Original documents must be mailed. Faxes are not acceptable.**

### WHO CAN COMPLETE THIS FORM?

The Indemnifier/Beneficiary should be completing this form.

If the beneficiary is a minor or is deceased, the beneficiary's legal representative or Power of Attorney becomes the Indemnifier.

A legal representative acting on behalf of the beneficiary must provide the following legal document (see note);

Power of Attorney

Tutorship or curatorship for minor child.

*Note: All documents must be certified by one of the following: a Canadian Financial Institution, a Commissioner for Oaths or a Notary Public properly identified with stamp/seal and signature present.*

### PROOF OF DEATH - One of the following is acceptable to the Bank of Canada:

An **ORIGINAL** Death Certificate from a Funeral Director issued under corporate seal and **ORIGINAL** signature or a Notarial certified copy with the Notary's signature and seal/stamp of office or certified by a Canadian Financial Institution.

An **ORIGINAL** Death Certificate issued by either a Provincial Registrar or a Notarial Certified copy with a Notary's signature and seal/stamp of office or certified by a Canadian Financial Institution.

An **ORIGINAL** certificate of finding issued by a coroner properly identified or a Notarial certified copy with the Notary's signature and seal/stamp of office or certified by a Canadian Financial Institution.

An **ORIGINAL** Death Certificate issued by a church under seal and minister of religion's signature or a Notarial certified copy with the Notary's signature and seal/stamp of office or certified by a Canadian Financial Institution.

## LEGAL REQUIREMENTS TO REDEEM OR TRANSFER CANADA RIF PLAN(S)

Before proceeding, please note that:

In all situations listed below, this form is required. Instructions regarding how to fill it out are as follows:

The form must be dated and signed by the spouse/beneficiary or their appointed representatives in Section F.

The signatures must be either:

-guaranteed by a Canadian Financial Institution acceptable to the Bank of Canada or a member of the Medallion Program.

OR

-witnessed by a Commissioner for Oaths, properly identified with their stamp and signature present.

OR

-witnessed by a Notary Public, properly identified with their Notary seal/stamp and signature present.

When the value of the transaction is more than **\$20,000**, this form must be either guaranteed by a Financial Institution or witnessed by a Notary and NOT a Commissioner for Oaths.

Determine if the spouse is named or elects to be successor annuitant\* under the deceased's RRIF plan, or if the beneficiary named is someone other than the spouse.

Once the situation has been identified, refer to the appropriate section to review the options that apply to your request and proceed accordingly.

### Situation #1 - Spouse is named as beneficiary or elects to be successor annuitant\* under the deceased's RRIF plan

\*Successor annuitant: means that the spouse will become the owner of the plan and the Trustee will continue to make regular payments to the spouse.

#### Option I - Continue Plan under the spouse's name as successor annuitant

Required Document	Specific instructions
Proof of Death	See page 1 of the guideline.
<b>and</b> 2373-RIF Form	Complete Sections A, B, C, <u>D - Option I</u> and F. The spouse's Social Insurance Number must be provided in Section B as it is required by income tax legislation. The spouse's Date of Birth must be provided in Section D, for identification purposes.

#### Option II - Transfer to your existing Canada RSP or Canada RIF plan with Canada Savings Bonds

Required Document	Specific instructions
Proof of Death	See page 1 of the guideline.
<b>and</b> 2373-RIF Form	Complete Sections A, B, C, <u>D - Option II</u> and F. The spouse's Social Insurance Number must be provided in Section B as it is required by income tax legislation.

#### Option III - Transfer to another financial institution

Required Document	Specific instructions
Proof of Death	See page 1 of the guideline.
<b>and</b> 2373-RIF Form	Complete Sections A, B, C, <u>D - Option III</u> and F. The spouse's Social Insurance Number must be provided in Section B as it is required by income tax legislation.
<b>and</b> Form T2033 or equivalent	<i>This form is provided by the receiving financial institution completed in detail.</i>

<b>Option IV - Redeem plan</b>	
<b>Required Document</b>	<b>Specific instructions</b>
Proof of Death	See page 1 of the guideline.
<b>and</b> 2373-RIF Form	Complete Sections A, B, C, <u>D - Option IV</u> and F. The spouse's Social Insurance Number must be provided in Section B as it is required by income tax legislation.

<b>Situation #2 - Someone other than the spouse is named the beneficiary under the deceased's RRIF plan</b>	
<b>Only Option - Redeem plan</b>	
<b>Required Document</b>	<b>Specific instructions</b>
Proof of Death	See page 1 of the guideline.
<b>and</b> 2373-RIF Form	Complete Sections A, B, C, E and F. The beneficiary's Social Insurance Number must be provided in Section C as it is required by income tax legislation.

**SECTION A - DETAILS REGARDING THE DECEASED OWNER OF THE CANADA RIF**

Full Name of the Deceased Plan Owner Date of Indemnity (death)  
 \_\_\_ / \_\_\_ / \_\_\_  
 The Canada RIF Plan # (up to 11 digits) Date: dd/mmm/yyyy

The **Canada RIF** plan number is located on the quarterly statements.

*If space is insufficient, please complete and attach a separate sheet that includes the fields seen above. Please initial all attached sheets..*

**SECTION B - DETAILS REGARDING THE DECEASED PLAN OWNER'S SPOUSE OR BENEFICIARY**

Name of spouse or Beneficiary (if different from indemnifier) Relationship to the Deceased Plan Owner

Address City Prov Postal Code Country

For income tax legislation please select one of the following options:  
 I am a Canadian resident for tax purposes.  
 I am not a Canadian resident for tax purposes.  
 If not, please indicate since when. Date: dd/mmm/yyyy  
\_\_\_ / \_\_\_ / \_\_\_

Home phone (including area code)

Social Insurance Number  
(required by income tax legislation)

**SECTION C - DETAILS REGARDING THE INDEMNIFIER (if different from the Beneficiary)**

Name of the Indemnifier Relationship to the Beneficiary

Address City Prov Postal Code Country

**SECTION D - SPOUSE IS NAMED OR ELECTS TO BE THE SUCCESSOR ANNUITANT\* UNDER THE DECEASED'S RRIF PLAN**

\*Successor annuitant: means that the spouse will become the owner of the plan and the Trustee will continue to make regular payments to the spouse.

Date of Birth (required for identification purposes): Date: dd/mmm/yyyy  
\_\_\_ / \_\_\_ / \_\_\_

Select only ONE of the following boxes and provide the requested information.

**Option I -**

I wish to continue the Canada RIF plan under my name without making changes to the information under the plan and understand that when the RIF plan was established, a date of birth was given and will remain the same under the plan.

Name of Spouse's Beneficiary	Relationship to the Spouse
<input style="width: 420px; height: 25px;" type="text"/>	<input style="width: 420px; height: 25px;" type="text"/>
Name of Spouse's Beneficiary	Relationship to the Spouse
<input style="width: 420px; height: 25px;" type="text"/>	<input style="width: 420px; height: 25px;" type="text"/>

*If space is insufficient, please complete and attach a separate sheet that includes the fields seen above. Please initial all attached sheets..*

**Option II -**

I wish to transfer the funds to my existing Canada RSP or RIF plan;

The Canada RSP or RIF Plan # (up to 11 digits)

**Option III -**

I wish to transfer the RRIF to another financial institution and have completed and attached the applicable form (i.e., T2033 or equivalent).

**Option IV -**

I wish to redeem the plan and have a cheque issued in my name.

**SECTION E - NAMED BENEFICIARY UNDER THE RRIF PLAN (other than the spouse)**

Select the following box as there is **only one option** in this instance.

I wish to redeem the plan and have a cheque issued in my name.

**SECTION F - DECLARATION**

Whereas:

1. The undersigned (herein called the "Indemnifier") is the beneficiary or is acting on their behalf regarding the proceeds of the above noted RRIF as appropriate (The "Plan").
2. The Indemnifier has requested THE CANADA TRUST COMPANY to pay the proceeds of the plan to him or her pursuant to a written beneficiary designation;

Now therefore, in consideration of THE CANADA TRUST COMPANY paying to the Indemnifier or as he/she may direct the proceeds of the plan, the Indemnifier hereby indemnifies and agrees to save harmless THE CANADA TRUST COMPANY from and against any and all claims, demands, actions, suits, losses, charges, expenses, damages or liabilities whatsoever which THE CANADA TRUST COMPANY may pay, sustain, suffer or incur by reason of or in connection with the payment of the proceeds of the said Plan to the Indemnifier or as he/she may direct in accordance with such written beneficiary designation.

Declared before me at  on \_\_\_ / \_\_\_ / \_\_\_ .

City

Date: dd/mmm/yyyy

- Canadian Financial Institution: Signature Guaranteed stamp, Endorsement Guaranteed stamp or Medallion Guaranteed stamp and authorized signature required.
- Commissioner for Oaths: Stamp and signature required.
- Notary Public/Lawyer: Notarial stamp/seal and signature required.

*I swear that I have witnessed and guarantee that the person signing on the right, as the registered owner(s) or as the legal representative(s) for the registered owner, is/are whom they say they are.*

Place stamp / seal and sign here

- I am the Spouse of the deceased registered owner of the bond(s)/plan(s).
- I am the Beneficiary of the deceased registered owner of the bond(s)/plan(s).
- I am a legal representative acting on behalf of the Spouse or Beneficiary.

I am a legal representative acting on behalf of the Spouse or Beneficiary.

Signature

Signature

**Notes:**

- Any alterations must be initialed by all the estate representative(s) before the declaration is signed.
- When the value of the transaction is more than \$20,000, this form MUST be either guaranteed by a Financial Institution or be witnessed by a Notary and NOT a Commissioner for Oaths.

Signature

**Once fully completed, the form can be sent by:**

- MAIL to: P.O. Box 2390, Station D • Ottawa, Ontario K1P 1K8 -for The Canada RSP/RIF
- COURIER delivery: 2500 Solandt Rd • Suite 100 • Kanata, Ontario K2K 3G5

**If you require further information, please contact Customer Service, Monday to Friday, 8 a.m. to 8 p.m. (ET) at:**

- |   |                |
|---|----------------|
| • for Bonds purchased through the Payroll Savings Program | 1 877 899-3599 |
| • for Certificate Bonds or The Canada RSP/RIF             | 1 800 575-5151 |
| • by TTY(teletypewriter)                                  | 1 800 354-2222 |

Please visit us online at: [csb.gc.ca](http://csb.gc.ca)

The personal information provided on this form is protected under the provisions of the **PRIVACY ACT** and will be used solely for the purpose for which it was collected.