

TRANSFER OF A LUMP SUM AMOUNT TO AN AUTHORIZED NON LOCKED-IN VEHICLE FORM

If you elect a transfer option to an authorized non locked-in vehicle, you must complete this form. It replaces the T2151 which is generally used for this type of transfer.

A. Member and Pension Plan Identification

First Name and Last Name: _____

Social Insurance Number: _____

Pension Plan's Name: _____
Canada Post Corporation Registered Pension Plan

Canada Revenue Agency Pension
Plan's Registration Number: _____
1063874

B. Non Locked-in Vehicle Identification

Type of vehicle: ☐ Registered Retirement Savings Plan (RRSP)
☐ Registered Retirement Income Fund (RRIF)

Account Number: _____

Name of Financial Institution: _____

Name of Financial Advisor
(Optional): _____

Telephone of Financial Advisor
(Optional): _____

Email address of Financial Advisor
(Optional): _____

Financial Institution Address: _____

Address _____

City _____ Province _____

Postal Code _____

C. Member's Signature

I hereby request to transfer the value of my non locked-in benefits from the Pension Plan indicated in Section A of this form to the non locked-in vehicle indicated in Section B of this form. I hereby certify that the information provided in this form is correct and complete.

Member's Signature

Date

DECLARATION

Available RRSP Room

1. MEMBER IDENTIFICATION – To be completed

Name of the member	Social Insurance Number
<input type="text"/>	<input type="text"/>

2. DECLARATION – SIGNATURE REQUIRED

Whereas I am requesting that the taxable amount to which I am entitled under my Registered Pension Plan (RPP) be paid without withholding tax, as a new contribution, to the Registered Retirement Savings Plan (RRSP) indicated in section 3 and that, in order not to withhold tax at source upon payment, the RPP administrator must have reasonable grounds to believe that I have sufficient RRSP room to make this contribution.

Therefore, I, hereby confirm and declare that according to the *RRSP Deduction Limit Statement* on my most recent *Notice of Assessment* issued by the Canada Revenue Agency, and taking into account any new contributions I have made to date, the following amount is still available to me as of the date I sign this form: [indicate the maximum amount you can contribute].

I understand that I assume full responsibility for the consequences of any inaccurate, false or erroneous certification of my RRSP contribution room and release the RPP administrator, its current and future delegates, agents and service providers from any claims, penalties or tax consequences that may result.

I also understand that, even if paid into an RRSP, the amount constitutes taxable income that will be reported on the appropriate tax slips. As the amount is paid as an RRSP contribution, the financial institution receiving the funds will issue an RRSP contribution receipt in my name.

MEMBER'S SIGNATURE

DATE (yyyy-mm-dd)

Sign here 

3. RRSP INFORMATION – To be completed

Name of Financial Institution	RRSP Type	RRSP Account Number
<input type="text"/>	Personal RRSP	<input type="text"/>
Name of Financial Advisor (Optional) <input type="text"/>		
Telephone of Financial Advisor (Optional) <input type="text"/>	Email of Financial Advisor (Optional) <input type="text"/>	
Financial Institution Address Address <input type="text"/>		
City <input type="text"/>	Province <input type="text"/>	Postal Code <input type="text"/>