



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

Applicant Information

1

Name	Social Insurance Number	Date of Birth	Y Y Y Y	M M	D D
			/	/	
Address				Postal Code	
Contact Telephone Number(s)					

LIRAs, LIFs, and LRIFs Regulated by the Act

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

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

The total value of all LIRAs, LIFs, and LRIFs regulated by the Act: **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 these assets is less than 40 percent of the YMPE under the *Canada Pension Plan* for the calendar year in which this application is made.

The total value of all assets listed above is less than 10 percent of the YMPE under the *Canada Pension Plan* for the calendar year in which this application is made.

Declaration of Owner

4 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: I have a principal beneficiary I do not have a principal beneficiary (check one if applicable)

I declare and certify that the information provided above is based on the most recent information I have available, is less than one year old, and is accurate, to the best of my knowledge and belief.

Signature of Owner	Date	Witness to Signature of Owner
	Y Y Y Y M M D D / /	

NOTES: 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 defined in the Act.

This form is not to be submitted to the Pension Benefit Standards Division, Service NL. 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 facsimile: (709) 729-3205.