

Form 8 Application to Receive a Temporary Income 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)					

Calculation of Temporary Income

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, LRIFs, Life Annuities and Pension Plans governed by Newfoundland pension benefits legislation, or established by or governed by an Act of Canada or a Province, except pension income under the *Canada Pension Plan*, for the calendar year of this application, is as follows (pro-rated for the initial year):

LIFs	\$ _____	+	
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 \$ _____

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

I declare and certify that:

(a) 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, and

(b) the total pension income (see 2(b) above) which I will receive for the calendar year in which I am making this application is not greater than 40% of the YMPE under the *Canada Pension Plan* (see 2(a) above) for the calendar year of this application.

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

Consent of Principal Beneficiary (if required)

4 I consent to the receipt of this Temporary Income by the former member of a pension plan.

Signature of Principal Beneficiary	Date	Witness to Signature of Principal Beneficiary
	Y Y Y Y M M D D / /	

NOTES: 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 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.