



First and last name of annuitant: \_\_\_\_\_

First and last name of contributing spouse: \_\_\_\_\_

Plan Account No.: \_\_\_\_\_

Date of request: \_\_\_\_\_  
YYYY MM DD

I hereby request that the notion of spouse be removed from the retirement plan I hold at

As required by the Canada Revenue Agency, I certify that the plan number mentioned meets the three conditions described below:

**Proof of separation caused by breakdown**

**RRSP:** I am no longer living with the person who is identified as the contributor because of the breakdown; **or**

**RRIF:** I am no longer living with the person identified as the contributor to any RRSP from which transfers were made to the RRIF in question because of the breakdown of our relationship; **and**

**In case of a divorce:** You must provide a copy of the order or divorce decree.

**In case of a separation:** You must provide a copy of the separation agreement containing the following information: Name of legal or common-law spouses, date of legal or common-law marriage, date of separation, original and certified signatures of both legal or common-law spouses and specific clauses pertaining to the division of the plan.

**No contributions**

No spousal or common-law partner contributions to any of the annuitant's RRSPs for the calendar year this request is submitted and the two previous years; **and**

**No withdrawals**

**RRSP:** I did not make any withdrawals from the RRSP in the calendar year this request is submitted; **or**

**RRIF:** I did not make any withdrawals exceeding the prescribed minimum payment from the RRIF in the calendar year of request is submitted.

If funds were transferred from another spousal account, I certify that the plan from which the funds were received did not receive a contribution from the contributing spouse in the calendar year this request is submitted or in the two previous years. I certify that no withdrawals were made from the plan in the calendar year this request is submitted. In a case of a RRIF, I certify that no withdrawals exceeding the prescribed minimum payment were made in the calendar year this request is submitted.

I certify that the information contained in this request are accurate.

\_\_\_\_\_  
Date (YYYY MM DD)

\_\_\_\_\_  
Signature of annuitant