

How to Complete the T2033

This is an example of how to fill out the T2033 form. Do not use this copy. Follow the instructions in **red**, and use the Canada Revenue Agency link to complete your own T2033 form.



Scenario

RRSP funds may be transferred directly to the pension plan to pay for a buyback. To request the transfer, the T2033 form may be used.

Part A



Canada Revenue Agency / Agence du revenu du Canada

Protected B when completed

Direct Transfer Under Subsection 146.3(14.1), 147.5(21) or 146(21), or Paragraph 146(16)(a) or 146.3(2)(e)

Use this form to record a direct transfer. For instructions and definitions, see the last page of this form. Legislative references on this form are to the Income Tax Act.

Section I – Annuitant or Member **Member Information**

Last name DOE	First name and initials John A.B.	Social insurance number 1 2 3 4 5 6 7 8 9
Address 111 Main Street, Edmonton, Alberta		Telephone 555-555-5555

Part A – Transfer from an RRSP, a RRIF, an SPP, or a PRPP

<input checked="" type="checkbox"/> I am the annuitant under the registered retirement savings plan (RRSP).	RRSP or LIRA account number
<input type="checkbox"/> I am the annuitant under the registered retirement income fund (RRIF).	RRIF fund number and name
<input type="checkbox"/> I am a member of the specified pension plan (SPP).	SPP plan number and name
<input type="checkbox"/> I am a member of the pooled registered pension plan (PRPP).	PRPP plan number and name
Name of RRSP issuer, RRIF carrier, SPP or PRPP administrator Financial Institution name	Address of RRSP issuer, RRIF carrier, SPP or PRPP administrator Financial Institution fax number (preferred) or address

Part B

Part B – Description of amount to be transferred

1. For transfers from an RRSP, SPP or a PRPP, describe the property to be transferred:

tick one box all of the property part of the property in a one-time payment part of the property in several payments

If the amount of the transfer is **all or part** of the property in a one-time payment, enter the amount \$ **amount**

If the transfer is to be made in several payments, enter the number of payments, _____ enter the amount of the payments \$ _____

I request the transfer of the amount above, which represents **all or part** of the property of my unmatured RRSP, my account under an SPP or PRPP identified in Part A, tick one box, in cash, or in kind.

2. For a transfer from a RRIF

Except for enough property to pay me the minimum amount this year, please transfer, tick one box:

all of the property, or part of the property **LAPP cannot accept a transfer from a RRIF** _____

I request the transfer of the amount above, which represents **all or part** of the property of my RRIF identified in Part A, tick one box: in cash, or in kind.

Part C

Part C – Identifying the RRSP, RRIF, RPP, SPP, PRPP or annuity to which the funds are being transferred

<input type="checkbox"/>	Transfer the RRSP, SPP or PRPP property described in Part B to my RRSP:	_____	RRSP individual plan number and name
<input type="checkbox"/>	Transfer the RRSP, RRIF, SPP or PRPP property described in Part B to my RRIF:	_____	RRIF individual fund number and name
<input type="checkbox"/>	Transfer the RRSP or PRPP property described in Part B to my SPP:	_____	SPP member plan number and name
<input checked="" type="checkbox"/>	Transfer the RRSP, RRIF or PRPP property described in Part B to my RPP:	0216556 Local Authorities Pension Plan	RPP registration number and name
<input type="checkbox"/>	Transfer the SPP or PRPP property to my annuity:	_____	Annuity individual fund or plan number and name
<input type="checkbox"/>	Transfer the RRSP, RRIF, SPP or PRPP property described in Part B to my PRPP:	_____	PRPP member plan number and name
Name of RRSP or annuity issuer, RRIF carrier, or RPP, SPP or PRPP administrator		Address of RRSP or annuity issuer, RRIF carrier, or RPP, SPP or PRPP administrator	
Local Authorities Pension Plan		LAPP c/o Alberta Pension Services 5103 Windermere Boulevard SW Edmonton, AB T6W 0S9	
Annuitant's or Member's signature		Year	Month
Member's signature		Day	or <input type="checkbox"/> See attached letter.
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SAMPLE ONLY