



**THIS SECTION TO BE COMPLETED BY THE FINANCIAL INSTITUTION RECEIVING THE FUNDS
AND RETURNED TO THE CURRENT FINANCIAL INSTITUTION**

We have received direction from _____ to transfer funds to Contract # _____

Which is a:

- | | |
|--|--|
| <input type="checkbox"/> Locked in Registered Retirement Savings Plan (RRSP) | <input type="checkbox"/> Locked in Retirement Account (LIRA) |
| <input type="checkbox"/> Single Premium Immediate Annuity (SPIA) | <input type="checkbox"/> Life Income Fund (LIF) |

I, _____, an officer of _____

hereby certify that these locked-in funds:

- Cannot be assigned or commuted;
- Will only be available in the form of a life annuity or LIF, if applicable;
- Will only be administered in accordance with the Applicable Pension Benefits Legislation and Regulations (Jurisdiction specified below).

Name and Title of Authorized Officer (please print): _____

Signature of Authorized Officer: _____

Date: _____

**THIS SECTION TO BE COMPLETED BY THE CURRENT FINANCIAL INSTITUTION
AND RETURNED ALONG WITH THE CHEQUE**

Name of Current Financial Institution: _____

Name of Applicant: _____ Policy No.: _____

Origination of Pension (Employer): _____

Total Transfer Amount: \$ _____ Non Locked-In Amount: \$ _____

Locked-In Amount: \$ _____

Are all of these funds to be applied on a unisex basis? Yes No

If not, please specify amount to be applied as unisex: \$ _____

Application Legislation (check one):

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Alberta | <input type="checkbox"/> New Brunswick | <input type="checkbox"/> Quebec |
| <input type="checkbox"/> British Columbia | <input type="checkbox"/> Ontario | <input type="checkbox"/> Saskatchewan |
| <input type="checkbox"/> Federal (PBSA) | <input type="checkbox"/> Nova Scotia | |
| <input type="checkbox"/> Manitoba | <input type="checkbox"/> Prince Edward Island | |

Date funds were withdrawn from Pension Plan: _____

Name and Title of Authorized Officer (please print): _____

Signature of Authorized Officer: _____

Date: _____