

Confirmation of Compliance by Financial Institution Locked-in Pension Funds

To be completed by Transferring Company

Company Name: _____

Source of Funds: LIF LIRA LRSP SPIA

Applicable Legislation: _____
(name of province)

Distribution of Locked-in Funds:

\$ _____ Unisex \$ _____ Sex Distinct

Signature of Officer of Transferring Company

Date (DD/MM/YYYY)

Name: _____ Position: _____

To be completed by Receiving Institution

Client Name: _____ S.I.N. #: _____

Policy #: _____

The locked-in funds received by ivari will be transferred to a:

- Locked-in Retirement Account (LIRA)
- Locked-in Retirement Savings Plan (LRSP)
- Life Income Fund (LIF)
- Single Premium Annuity (SPIA)
- Restricted Life Income Fund (RLIF)
- Restricted Locked-in Savings Plan (RLSP)

I hereby acknowledge and certify that these locked-in funds will be administered in accordance with the applicable Pension Benefits legislation and regulations:

Authorized Signature

Date (DD/MM/YYYY)

Name: _____ Position: _____



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