

Confirmation of Compliance by Financial Institution Locked-in Pension Funds

Name: Position: To be completed by Receiving Institution Client Name: S.I.N. #: Policy #: S.I.N. #: Policy #: S.I.N. #: 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:	To be completed by Transferring Company							
Applicable Legislation:	Company Name:							
Distribution of Locked-in Funds: \$Unisex \$Sex Distinct Signature of Officer of Transferring Company Date (DD/MM/YYYY) Name:Position: Name:Position: To be completed by Receiving Institution Client Name:S.I.N. #: Policy #: Policy #: 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 Life Income Fund (RLIF) Restricted Life Income Fund (RLSP) I hereby acknowledge and certify that these locked-in funds will be administered in accordance with the applicable Pension Benefits legislation and regulations:	Source of Funds:	LIF	LIRA	LRSP	SPIA			
Distribution of Locked-in Funds: \$Unisex \$Sex Distinct Signature of Officer of Transferring Company Date (DD/MM/YYYY) Name:Position: Name:Position: To be completed by Receiving Institution Client Name:S.I.N. #: Policy #: Policy #: 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 Life Income Fund (RLIF) Restricted Life Income Fund (RLSP) I hereby acknowledge and certify that these locked-in funds will be administered in accordance with the applicable Pension Benefits legislation and regulations:	Applicable Legislatic	on: (name of pro	ovince)					
Signature of Officer of Transferring Company Date (DD/MM/YYYY) Name: Position: To be completed by Receiving Institution Position: Client Name: S.I.N. #: Policy #: S.I.N. #: Policy #: S.I.N. #: The locked-in funds received by ivari will be transferred to a: Locked-in Retirement Account (LIRA) 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:	Distribution of Locke							
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To be completed by Receiving Institution Client Name: S.I.N. #: Policy #:	Signature of Officer of Transferring Company					Date (DD/MM/YYYY)		
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:	Name:						Position:	
Client Name:	To be completed	d by Rece	eiving In	stitution				
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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:	Policy #:							
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:	The locked-in funds	received b	y ivari will	be transferred	l to a:			
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:	Locked-in R	etirement /	Account (L	IRA)				
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:	Locked-in R	etirement S	Savings Pla	an (LRSP)				
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:	Life Income	Fund (LIF)						
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:	Single Prem	ium Annui	ty (SPIA)					
I hereby acknowledge and certify that these locked-in funds will be administered in accordance with the applicable Pension Benefits legislation and regulations:	Restricted L	ife Income	Fund (RLI	F)				
legislation and regulations:	Restricted L	ocked-in S	avings Pla	ın (RLSP)				
Authorized Signature			tify that the	ese locked-in f	unds will be	e administered in ac	ccordance with the applicable Pension Benefits	
	Authorized Signature							

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Name:

Position: _____