

Declaration of Transfer of Funds to a Life Income Fund

Plan Name: **BROCK UNIVERSITY PENSION PLAN**

Provincial Registration Number: **0327767**

Name of Applicant: _____

ID Number: _____

Information on Life Income Fund (LIF):

Name of Financial Institution: _____

Address of Financial Institution: _____

Area Code and Telephone Number: () _____

LIF Name: _____

Contract Number: _____

Certification by Financial Institution

I, the undersigned, hereby certify that the LIF established in the applicant's name is a contract that meets the requirements of the **Ontario Pension Benefits Act, 1990** (the "Act") and **Regulation 909**, including the requirement that funds transferred to the LIF remain locked in.

I further certify that any annuity purchased with the funds accumulated in the LIF shall not be determined based on the sex of the applicant.

Signature of Financial Institution's Representative

Name of Representative (Please Print)

Date (day / month / year)

To complete this form, please see reverse.

Declaration by Applicant

I waive the right to demand any amendment to my Life Income Fund which would disqualify it for the purpose of registration as a Registered Retirement Income Fund under the Income Tax Act (Canada).

Note: *prior to completing this form, you should obtain independent legal advice concerning your individual rights and the effect of this waiver.*

Signature of Applicant

Date (day / month / year)

Consent of the Spouse

I consent to the purchase of the Life Income Fund described overleaf. I understand that the balance of the Life Income Fund will be payable to the spouse on the date of death as defined in the Act.

Note: *prior to completing this form, you should obtain independent legal advice concerning your individual rights and the effect of this waiver.*

Signature of Spouse

Witness to Signature of Spouse

Date (day / month / year)

Statement of the Plan Administrator

The commuted value of the pension benefit which is the subject of the transfer specified above was determined on a basis which did not differentiate on the basis of sex.

Signature of Plan Administrator Representative

Name of Representative (Please Print)

Date (day / month / year)

No transfer of funds will be made before this form is fully completed.