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	
contract that meets the requirements of t	e LIF established in the applicant's name is a he Ontario Pension Benefits Act, 1990 g the requirement that funds transferred to the
I further certify that any annuity purchase not be determined based on the sex of the	ed with the funds accumulated in the LIF shall ne applicant.
Signature of Financial Institution's Representative	Name of Representative (Please Print)
	Date (day / month / year)

To complete this form, please see reverse.

Declaration I	y Applicant
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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)
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Consent of the Spouse	
•	ne Fund described overleaf. I understand that e payable to the spouse on the date of death
Note: prior to completing this form, you she concerning your individual rights and the e	, ,
Signature of Spouse	Witness to Signature of Spouse
Date (day / month / year)	
Statement of the Plan Administrator	
The commuted value of the pension benefabove was determined on a basis which d	fit which is the subject of the transfer specified id not differentiate on the basis of sex.
Signature of Plan Administrator Representative	Name of Representative (Please Print)
Signature of Fran Administrator Representative	Hame of Nopresentative (Flouse Fillit)
Date (day / month / year)	

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