## LOCKED-IN ACKNOWLEDGEMENT

**Member’s name:**

**Employee ID Number:**

**Name of Pension Plan:**

**CRA Plan Registration No.:**

### LOCKED-IN VEHICLE

**Type of vehicle:**

**Vehicle Account No.:**

**Financial Institution:**

**Address of Financial Institution:**

### GOVERNING PENSION LEGISLATION (please check one)

- [ ] Pension Benefits Act (Ontario)
- [ ] Pension Benefits Standards Act, 1985 (Canada)*
- [ ] The Pension Benefits Act (Manitoba)
- [ ] Pension Benefits Standards Act (British Columbia)
- [ ] Pension Benefits Act, 1992 (Saskatchewan)
- [ ] Employment Pension Plans Act (Alberta)
- [ ] Supplemental Pension Plans Act (Quebec)
- [ ] Pension Benefits Act (Nova Scotia)
- [ ] Pension Benefits Act, 1997 (Newfoundland)
- [ ] Pension Benefits Act (New Brunswick)
- [ ] Pension Benefits Act, 1992 (Saskatchewan)
- [ ] Pension Benefits Act (New Brunswick)

* Applies to banks, railways and other industries within the **federal** jurisdiction. Also applies to employees in the Yukon, Northwest Territories and Nunavut.

### Declaration by Financial Institution

We acknowledge that the funds to be transferred are subject to the restrictions governing locked-in funds and confirm that the funds will be administered in accordance with the provisions and regulations of the governing pension legislation indicated above. We understand that the funds will not be transferred until this signed acknowledgement is returned to the party authorizing payment.

Signed at __________________________, this _______ day of ______________________, 20____

________________________________________________
Name of Authorized Officer of Financial Institution

________________________________________________
Signature of Authorized Officer of Financial Institution

________________________________________________
Phone number of the Authorized Officer

________________________________________________
Email of the Authorized Officer