

## 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)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Pension Benefits Act (Ontario)         | <input type="checkbox"/> Employment Pension Plans Act (Alberta)    |
| <input type="checkbox"/> Pension Benefits Standards Act, 1985 (Canada)*    | <input type="checkbox"/> Supplemental Pension Plans Act (Quebec)   |
| <input type="checkbox"/> The Pension Benefits Act (Manitoba)               | <input type="checkbox"/> Pension Benefits Act (Nova Scotia)        |
| <input type="checkbox"/> Pension Benefits Standards Act (British Columbia) | <input type="checkbox"/> Pension Benefits Act, 1997 (Newfoundland) |
| <input type="checkbox"/> Pension Benefits Act, 1992 (Saskatchewan)         | <input type="checkbox"/> 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