

MEMBER INFORMATION

Name	Social Insurance Number
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UNDERWRITER/FINANCIAL INSTITUTION/PENSION PLAN

To be completed by the Underwriter, Financial Institution or Administrator of another Registered Retirement Pension Plan.

Institution Name		
Institution Address		City
Province	Postal Code	Telephone Number

The transfer is subject to the locking-in rules as prescribed in the _____ Pension Benefits Act. The member has elected to: (please check one option) _____ Province

transfer the commuted value of his pension entitlement from the LiUNA Pension Fund to a Registered Pension Plan known as:

transfer the commuted value of his pension entitlement from the LiUNA Pension Fund to a Locked-in registered retirement savings plan as prescribed in the Pension Benefits Act:

_____ (name of Provincial Pension Act)

use the commuted value of his pension entitlement from the LiUNA Pension Fund for the Purchase of a deferred life annuity as prescribed in the:

_____ (name of Provincial Pension Act)

CONFIRMATION AND SIGNATURE (Underwriter/Financial Institution/Pension Plan)

I, _____ attest that the funds are **Locked-in** and shall be (Name and title of officer)

administered as a pension or deferred pension in accordance with the requirements of the Ontario Pension Benefits Act and in accordance with such other pension legislation that may be applicable.

Signature of Officer	Date (dd/mm/yyyy)
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