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## Releasing Institution/Pension Plan Information

\_\_\_\_\_  
Institution Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

**Attention:** \_\_\_\_\_

We have received instructions from \_\_\_\_\_ the Annuitant under your locked-in plan Account # \_\_\_\_\_, to transfer the proceeds of said account to our locked-in account equivalent.

**As all amounts under this account are held subject to the terms of a PRIF/LIF/LRIF/LIRA/ Locked-In RRSP Agreement, the client, by way of his/her signature below, hereby authorizes you to provide us with written confirmation as to which pension legislation the account is governed by.**

**X** \_\_\_\_\_  
Investor Signature of authorization

\_\_\_\_\_  
Date (dd/mmm/yyyy)

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## Confirmation of Jurisdiction (to be completed by releasing institution)

In order to facilitate this transfer request, we require that the following confirmation be completed by an authorized officer and returned to the address indicated on the attached coversheet.

I, \_\_\_\_\_ (print name), being an authorized officer of the above referenced releasing institution/pension plan, hereby certify that all locked-in funds to be transferred from the above noted account are to be administered in accordance with the requirements prescribed by the pension benefits legislation, and all regulations thereto, of (please indicate jurisdiction below):

- The Province of \_\_\_\_\_  
— or —  
 Federal PBSA - 1985

\_\_\_\_\_  
Authorized Officer Signature

\_\_\_\_\_  
Date (dd/mmm/yyyy)