

### To Be Completed By Transferring Company

Company Name

**Source of Funds:**

LIRA       LRSP       LIF

Applicable Legislation

 (Name of Province)

Distribution of locked-in funds

\$  Unisex      \$  Sex Distinct

Signature of Officer of Transferring Company

Date

 | D D / M M / Y Y

Name

Position

 | 

Please Print

### To Be Completed By Receiving Institution

Client Name

Social Insurance Number

 | | | | | | | | | | | | | | | | | | | | | |

Account #

The locked-in funds received by Foresters Asset Management Inc. will be transferred to a:

- Locked-in Retirement Account (LIRA)  
 Locked-in Retirement Savings Plan (LRSP)  
 Life Income Fund (LIF)

I hereby acknowledge and certify that these locked-in funds will be administered in accordance with the applicable Pension Benefits legislation and regulations.

Authorized Signature

Date

 | D D / M M / Y Y

Name

Position

 | 

Please Print

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