

**MEMBER INFORMATION**

SIN / LPF Member ID Number	Date of Birth (yyyy/mm/dd)	Home Local
Last Name	First Name	Middle Name

**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, please print)

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 (yyyy/mm/dd)
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