

ACCEPTANCE OF LIABILITY FOR LOCKED-IN PENSION FUNDS FOR CANOE EL PROTECTION PORTFOLIOS CONTRACTS

Throughout this form, "Empire Life" means The Empire Life Insurance Company.

To be completed by an authorized representative.

1. A transfer of locked-in pension funds to Empire Life has been requested by:			
Owner first name	Middle initial	Last name	
Empire Life application/policy/contract number		Specimen plan number	
Confirmation is hereby provided that the policy/contract indicated above will be locked-in and administered as a			
<input type="radio"/> Locked-in retirement account (LIRA)		<input type="radio"/> Locked-in retirement income fund (LRIF)	
<input type="radio"/> Locked-in retirement savings plan (LRSP)		<input type="radio"/> Restricted locked-in savings plan (RLSP)	
<input type="radio"/> Life income fund (LIF)		<input type="radio"/> Restricted life income fund (RLIF)	
<input type="radio"/> Other _____			
in accordance with and subject to the terms of the pension legislation for the jurisdiction checked below, unless otherwise advised by the transferor in section 2.			
Any subsequent transfer of these locked-in funds to another trustee or financial institution will be made only to another registered plan, which must continue to be administered in accordance with pension legislation of the jurisdiction checked below, unless otherwise indicated in section 2. No transfer of locked-in funds will be permitted unless the receiving plan is appropriately registered and in compliance with the applicable pension legislation, regulations and the <i>Income Tax Act</i> (Canada).			
<input type="radio"/> Federal <input type="radio"/> BC <input type="radio"/> AB <input type="radio"/> SK <input type="radio"/> MB <input type="radio"/> ON <input type="radio"/> QC <input type="radio"/> NB <input type="radio"/> NS <input type="radio"/> NL			
First name of authorized representative		Last name	Title
Signature of authorized representative*			Date
X			d d - m m m - y y y y
* Empire Life authorizes the advisor to accept liability on its behalf for the transfer of locked-in funds requested on this document. The advisor is not authorized to accept liability on behalf of Empire Life for any other purpose.			

To be completed by transferor and returned to Empire Life with the cheque to the address on the attached transfer form.

2. Transferor name (financial institution)			
Address (number, street)		City	Province Postal code
Transferor account/policy/contract number	Amount transferred \$	Original pension plan name (if known)	
Original pension plan name (if known)			
We confirm that the locked-in funds are to be administered in accordance with the pension legislation of the jurisdiction indicated in Section 1, OR, are to be administered in accordance with the following jurisdiction:			
<input type="radio"/> Federal <input type="radio"/> BC <input type="radio"/> AB <input type="radio"/> SK <input type="radio"/> MB <input type="radio"/> ON <input type="radio"/> QC <input type="radio"/> NB <input type="radio"/> NS <input type="radio"/> NL			
The value of the locked-in funds was calculated on a basis that differentiated based on the sex of the member.			
<input type="radio"/> no <input type="radio"/> yes – <input type="radio"/> split: unisex \$ _____, sex distinct \$ _____			
This information is certified correct by:			
First name	Last name		Title
Signature			Date
X			d d - m m m - y y y y



Contracts are issued by The Empire Life Insurance Company ("EL").

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