

## FORM 3 ATTESTATION OF TOTAL AMOUNT HELD IN FEDERALLY REGULATED LOCKED-IN PLANS

Account Number

1. To: \_\_\_\_\_  
(INSERT NAME OF FINANCIAL INSTITUTION)

2. **List of applicable federally regulated locked-in plans:** (Please identify any locked-in registered retirement savings plan, life income fund, restricted locked-in savings plan or restricted life income fund which you own including any that are held by financial institutions other than the one identified above.)

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

### 3. Attestation

I, \_\_\_\_\_, of \_\_\_\_\_,  
(INSERT NAME) (INSERT ADDRESS)

in the city of \_\_\_\_\_, in the province of \_\_\_\_\_, attest to the following:

I own the federally regulated locked-in plans identified in item 2. On the day on which I sign this Attestation the total value of all of the locked-in plan(s) identified in item 2 is \$\_\_\_\_\_.

The total value of all locked-in plan(s) identified in item 2 is less than 50% of the Year's Maximum Pensionable Earnings as defined in the *Pension Benefits Standards Act, 1985*.

### 4. Signatures

Sworn before me, on the \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_

at \_\_\_\_\_, in the province of

\_\_\_\_\_.

\_\_\_\_\_  
A notary public, commissioner or other person authorized to take affidavits

\_\_\_\_\_  
SIGNATURE OF APPLICANT