

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