La Capitale

Locked-in funds transfer agreement | Savings

○ Client No.: 3 __ __ – __ __ __ – __ __ __ OR ○ Contrat No.: 5 __ __ __ __ __ __ __ __

1 CONTRACTHOLDER INFORMATION

Last name _____ First name _____ Gender: ○ Male ○ Female SIN _____

Address _____

2 DESCRIPTION OF TRANSFER (relinquishing institution)

From: ○ RPP ○ LIRA/LRSP ○ LIF

Name of relinquishing institution or employer _____ Area code Fax _____

Address _____

3 RECIPIENT (transferee financial institution)

The Contractholder requests that amounts be transferred to his or her: ○ LIRA/LRSP ○ LIF

Address: La Capitale Civil Service Insurer Inc., Savings and Investments, 625 Jacques-Parizeau St, 7th floor, Quebec QC G1R 2G5
Tel.: 1 888 703 4480 Fax: 1 855 896-9480

La Capitale Civil Service Insurer Inc. (transferee financial institution) hereby confirms that all the locked-in funds under the registered plan specified in section 2 will be transferred to the registered plan type specified in section 3 and will continue to be administered in accordance with the governing pension legislation or contractual provisions of _____ (applicable legislation).* Any subsequent transfer of these locked-in funds to another financial institution will be made only to another registered plan, which must continue to be administered in accordance with the legislation of the above-mentioned jurisdiction. No locked-in fund transfer will be permitted unless the receiving plan is appropriately registered and in compliance with the applicable pension legislation, regulations and the Income Tax Act (Canada) and appears on the Superintendent's List of Financial Institutions authorized to administer funds in the above-mentioned jurisdiction.

* Only Ontario plans issued as of October 1, 2008 are accepted.

The Record of Transfer of Locked-in Retirement Funds form must be attached for New Brunswick locked-in fund transfers.

4 SIGNATURES

Signed at _____ on this _____ day of _____ 20 _____ .

Transferee financial institution

Name of the authorized person (please print) _____ X _____ Signature of the authorized person

Relinquishing institution

Name of the contact person (please print) _____ X _____ Signature of the contact person Area code Telephone _____