CONFIRMATION OF COMPLIANCE BY FINANCIAL INSTITUTION LOCKED-IN PENSION FUNDS



Confirmation of Compliance by Financial Institution Locked-In Pension Funds

| 1 TO BE COMPLETED BY TRANSFERRING COMPANY | | | |
|--|--|--|------------------------------------|
| | | | |
| COMPANY NAME | | | |
| SOURCE OF FUNDS: | | | |
| LIRA LRSP LIF | | | |
| APPLICABLE LEGISLATION: | | | |
| | | | |
| NAME OF PROVINCE | | | |
| DISTRIBUTION OF LOCKED-IN FUNDS: | | | |
| \$ | \$ | | |
| UNISEX | SEX DISTINCT | | |
| SIGNATURE OF OFFICER OF TRANSFERRING COMPANY: | | | |
| | | | |
| SIGNATURE | | | DATE (YYYY/MM/DD) |
| | | | |
| NAME (PLEASE PRINT) | | POSITION | |
| 2 TO BE COMPLETED BY RECEIVIN | NG INSTITUTION | | |
| | | | |
| CLIENT NAME | | | SOCIAL INSURANCE NUMBER |
| CLIENT NAIVIE | | | SOCIAL INSURANCE NUMBER |
| ACCOUNT NUMBER | | | |
| The locked-in funds received by Fiera | Capital Corporation will be transferred to | a: | |
| Locked-in Retirement Account (LIRA) | | | F) |
| I hereby acknowledge and certify that these locked-in funds will be administered in accordance with the applicable Pension Benets legislation and regulations. | | | |
| Thorough and continy that the | 500 1001.00 III IUIIUO WIII DO AUIIIIIISTOI GU III A | isooraanoo waar aro appiioasio i oilsion s | onoto rogioration and rogulations. |
| | | | |
| AUTHORIZED SIGNATURE | | | DATE (YYYY/MM/DD) |
| | | | |
| NAME (PLEASE PRINT) | | POSITION | |

Dealer Services

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