UNIVERSITY OF GUELPH PENSION PLAN
LOCKING-IN AGREEMENT

(L.I. 2007/10/4)

Name of Applicant (Print):_____

Social Insurance Number:_____

This form is used to document the transfer of funds from the ("University of Guelph Pension Plan")

☐ Pension Plan for Professional Staff, registration number 0324616,
☐ Retirement Pension Plan registration number 0324624,
☐ Pension Plan for Non-Professional Staff, registration number 0324632,

to an eligible retirement savings vehicle, in accordance with the Ontario Pension Benefits Act and its Regulations ("Ontario Pension Benefits Act"), including its locking-in requirements.

The University of Guelph Pension Plan permits early retirements as early as age 55.

DESTINATION OF FUNDS

The funds from the University of Guelph Pension Plan will be transferred to a:

☐ Locked-in Retirement Account (LIRA)
☐ Registered Pension Plan
☐ Life Income Fund (LIF) [1]
☐ Life Annuity with an Insurance company

- [1] If you have an eligible spouse, please provide your spouse's written consent prior to transferring your funds to a LIF.
- You and your spouse should carefully review with an independent financial advisor, all of the implications of transferring funds from the University of Guelph Pension plan to another registered plan.

DECLARATION BY APPLICANT

I acknowledge the foregoing and agree that the funds being transferred, and all earnings thereon, shall remain subject to the Ontario Pension Benefits Act, including locking-in requirements.

_____ _____
Signature of Applicant Date

_____
Mailing Address of Applicant

FINANCIAL INSTITUTION RECEIVING FUNDS

Name of Institution_____Account/Registration No:_____

Address:_____

DECLARATION BY FINANCIAL INSTITUTION RECEIVING FUNDS

I acknowledge that the funds transmitted herein have originated from the University of Guelph Pension Plan and that I have been advised that the funds, and all earnings thereon, are to continue to be locked-in as required under the Ontario Pension Benefits Act and confirm that the retirement savings arrangement to which the funds are being transferred is(are) registered under the Income Tax Act and all provisions are in accordance with the requirements of the Ontario Pension Benefits Act and will be administered in accordance with the Ontario Pension Benefits Act and Income Tax Act.

Name of Authorized Officer:_____Phone Number:_____

Signature:_____Date:_____