



**PURCHASER COMMITMENT**  
(as per section 19.2 of the Quebec Regulation Respecting  
Supplemental Pension Plans, enabled by Supplemental  
Pension Plans Act)

<p><b>Purchaser :</b></p> <p>LIF account number : _____</p> <p><input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. Surname: _____ First name: : _____</p>
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I hereby swear that I will request the interruption of payments from my temporary income as soon as my other income reaches \$19 320.00.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of purchaser

**NOTE: Whoever makes a false declaration with the intention of obtaining a temporary income from the life income fund mentioned in the declaration is subject to the penalties provided for in sections 257 and 262 of the Supplemental Pension Plans Act.**