

Purchaser identification

Mr. Mrs. Last name: _____ First name: _____

LIF account number: | | | | | | | | |

Declaration

I declare that there is in the total of _____ \$ transferred to the life income fund that is the object of this declaration a sum of _____ \$ does not come directly or indirectly from a supplemental pension plan that offers the variable benefits referred to in Division II.3 of the Regulation respecting supplemental pension plans (chapter R-15.1, r. 6), or from the locked-in account of a voluntary retirement savings plan governed by the *Voluntary Retirement Savings Plans Act* (chapter R-17.0.1) and offering variable payments to which I have been a party during the current year.

Signature

Name (in block letters)

Signature

Date (YYYY-MM-DD)

NOTE: Whoever makes a false declaration with the intention of obtaining a temporary income payable 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* (chapter R-15.1).

O.C. 1681-97, s. 25; O.C. 577-98, s. 6; O.C. 500-2014, s. 22; O.C. 1183-2017, s. 52.