

Purchaser : LIF account number : _____ <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Surname: _____ First name: _____
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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 \$ _____, that is 40% of the Year's Maximum Pensionable Earnings (YMPE), in the year _____.

Date (YYYY-MM-DD)



Signature of purchaser

NOTE: Whosoever 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.