

Purchaser :

LIF account number : _____

 Mr. Ms. Surname: _____ First name: _____

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: 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.