

RETIREMENT INCOME FUND APPLICATION

<p>Annuitant Information</p>	<p>Account Number _____</p> <p>Last name, first name, initial _____ <input type="checkbox"/>Mr. <input type="checkbox"/>Mrs. <input type="checkbox"/>Ms. <input type="checkbox"/>Dr.</p> <p>Address _____ Date of Birth (mm/dd/yyyy) _____</p> <p>City _____ Province _____ Social Insurance Number _____</p> <p>Country _____ Postal Code _____ Phone Number _____</p> <p>Occupation _____</p>
<p>Transfer Information</p>	<p>Qualifying RRIF <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><i>A Qualifying RRIF is one which was opened before 1993 and has not accepted any funds after 1992, or opened at any time and has not had funds transferred in after 1992 except from another Qualifying RRIF.</i></p> <p>Transfer From _____</p>
<p>Spousal RIF Information</p>	<p><i>Provide the following if transfers to the Fund include amounts which were transferred from a spousal RRSP or RRIF.</i></p> <p>Spouse's last name, first name and initial _____ <input type="checkbox"/>Mr. <input type="checkbox"/>Mrs. <input type="checkbox"/>Ms. <input type="checkbox"/>Dr.</p> <p>Address _____ Date of Birth (mm/dd/yyyy) _____</p> <p>City _____ Province _____ Social Insurance Number _____</p> <p>Country _____ Postal Code _____</p>
<p>Locked-In LIF/LRIF/PRIF Information</p>	<p>Check here if application is for:</p> <p>Life Income Fund <input type="checkbox"/> or</p> <p>Locked-in Retirement Income Fund <input type="checkbox"/> or</p> <p>Prescribed Retirement Income Fund <input type="checkbox"/> or</p> <p>Restricted Life Income Fund <input type="checkbox"/></p> <p>Jurisdiction governing the pension Fund from which the funds originated: _____</p> <p><i>Provisions contained in the Locked-In Addendum will take precedence over the Declaration of Trust.</i></p>
<p>Calculation of Minimum Amount</p>	<p>I elect that you base the calculation of the Minimum Amount for each year on:</p> <p>My Age <input type="checkbox"/> or My Spouse's Age <input type="checkbox"/> _____</p> <p>Spouse's Date of Birth (mm/dd/yyyy) _____</p> <p><i>I understand that the Tax laws do not permit any changes in this election under this Fund at any time, even if my spouse dies or we separate</i></p>

