



Ironworkers Ontario Pension Plan

Locked-in Transfer Agreement

*Between Ironworkers Ontario Pension Fund Registered Pension Plan and
Locked-in Registered Retirement Savings Plan No. _____*

Acknowledgement by Financial Institution

An application has been received for a Registered Retirement Savings Plan (RRSP) with funds arising from the Ironworkers Ontario Pension Plan. The monies being transferred are locked in under the Ontario Pension Benefits Act and, as such, must remain locked in until used to buy an annuity, transferred to a Life Income Fund or paid out as a death benefit. The earliest date at which an annuity may begin is the Applicant's 55th birthday.

This Financial Institution acknowledges the above and agrees to administer the funds in accordance with the provisions of the Ontario Pension Benefits Act and its Regulations. In particular, the following conditions shall form part of the terms and conditions constituting the said RRSP.

1. The Applicant cannot de-register the RRSP.
2. The Applicant cannot modify the terms and conditions of the RRSP in any way which would result in its disqualification.
3. The transferred funds cannot be assigned or paid out as a cash lump sum, other than in the form of a death benefit.

Name of Financial Institution: _____

Signature of Officer: _____ Signature of Witness: _____

Complete Mailing Address – Street: _____

City/Town: _____ Province: _____ Postal Code: _____

Country: _____ Date: _____

Day / Month / Year

Declaration by Applicant

I, _____ acknowledge the above, and agree to transfer \$ _____ to a Registered Retirement Savings Plan on my behalf from the Ironworkers Ontario Pension Plan. I agree that said sum shall not be available to me in any form other than a non-commutable and non-assignable life annuity or as a transfer to a Life Income Fund, subject to applicable legislation. I hereby waive the right to demand any amendment to my Registered Retirement Savings Plan which would disqualify it for the purposes of registration under Section 146 of the Income Tax Act. The supplement forms part of Registered Retirement Savings Plan No. _____

Signature of Applicant: _____ Signature of Witness: _____

Applicant's Mailing Address – Street: _____ Phone #: _____

City/Town: _____ Province: _____ Postal Code: _____

Country: _____ Date: _____

Day / Month / Year