

FORM 3

ATTESTATION OF TOTAL AMOUNT HELD IN FEDERALLY REGULATED LOCKED-IN PLANS

1. To: *(insert name of financial institution)*

2. List of applicable federally regulated locked-in plans: *(Please identify any locked-in registered retirement savings plan, life income fund, restricted locked-in savings plan or restricted life income fund that is held by the financial institution identified above and from which you intend to withdraw or transfer funds.)*

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

3. Attestation

I, (insert name) \_\_\_\_\_,

of (insert address) \_\_\_\_\_,

in the city of \_\_\_\_\_,

in the province of \_\_\_\_\_,

attest to the following:

I own the federally regulated locked-in plans identified in item 2. On the day on which I sign this Attestation the total value of all of the locked-in plan(s) identified in item 2 is \$ \_\_\_\_\_.

The total value of all locked-in plan(s) identified in item 2 is less than 50% of the Year's Maximum Pensionable Earnings as defined in the *Pension Benefits Standards Act, 1985*.

4. Signatures

Sworn before me, on the

\_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_

at \_\_\_\_\_, in the  
province of \_\_\_\_\_.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
A notary public, commissioner or other person authorized to take affidavits.