

LOCKING-IN AGREEMENT FROM FINANCIAL INSTITUTION

Confirmation of Compliance

SECTION 1: TO BE COMPLETED BY FINANCIAL INSTITUTION (IF RRSP) OR NEW EMPLOYER (IF PENSION PLAN)

From:

Name of Pension Plan and Ontario Registration Number

Carpenters Local 18 Pension Plan (Registration Number 0368068)

To:

Name of Transferee (*financial institution providing the registered savings arrangement*)

Transferee's Address

Registered Retirement Plan Account Number

Application having been received for funds being transferred to the Recipient Plan mentioned above, it is agreed that these funds will be administered on a "locked-in" basis in accordance with the Pension Benefits Act, RSO 1990. Furthermore, it is agreed that, with respect to the pension plan proceeds being transferred, the funds shall not be capable of assignment or commutation, other than that permitted under the Ontario Pension Benefits Act.

Name of Officer (please print)

Telephone Number

Signature

Date

SECTION 2: TO BE COMPLETED BY PLAN ADMINISTRATOR OF TRANSFEROR PLAN

Total amount of funds being transferred: \$ _____

Amount of funds on a "**locked-in**" basis: \$ _____

SECTION 3: TO BE COMPLETED BY PLAN MEMBER

I, _____, (SIN _____), acknowledge the foregoing,
(Name of Plan Member)

and in consideration of the transfer of my pension benefits to the Recipient Plan as shown above, agree that the said sum shall be administered on a "locked-in" basis in accordance with Ontario Pension Benefits Act ("the Act"). I further agree that such funds shall not during my lifetime be capable of commutation or assignment other than that permitted under the Act. I also understand that I have no further entitlements or benefits under the Transferor Plan.

Signature of Member

Date

Signature of Witness

Witness Name (Print)

Privacy Statement: I authorize the Carpenters Local 18 Pension Plan, their administrator Employee Benefit Plan Services Limited, and providers working with the Plan or administrator to collect, maintain, use and disclose my personal information that is necessary for the administration of the Plan. Personal information will be protected pursuant to the applicable legislation. The Plan may collect, maintain, use and disclose my personal information with relevant persons or organizations (employers, institutions, insurers, investigative agencies, legal counsel, other plans or unions, regulators, re-insurers, Plan administrators) in order to manage the Plan and entitlement to the benefits of the Plan, and may include financial related information. Questions related to the Privacy Statement should be directed to the Privacy Officer.