

Account number

Purchaser identification

Mrs. Mr. First name: _____ Last name: _____

Declaration

I declare:

1. that since the beginning of the current year, I have not received any temporary income from a life income fund other than the one concerned by this declaration;
2. that, of the total of \$ _____ transferred to the life income fund concerned by the present declaration, a sum of \$ _____ does not come directly or indirectly from a life income fund established by a contract or from a supplemental pension plan that offers the variable benefits referred to in subdivision 3 of Division II.1 of the *Regulation respecting supplemental pension plans* (chapter R-15.1, r. 6) to which I have been party during the current year.

Signature

Name of the purchaser (in block letters)

X

Signature of the purchaser

Date (YYYY-MM-DD)



NOTE: Whoever makes a false declaration with the intention of obtaining an income payable 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* (chapter R-15.1).

O.C. 577-98, s. 7; O.C. 173-2002, s. 71; O.C. 1183-2017, s. 53.