

Purchaser Commitment

(as per section 19.2 of the Quebec Regulation Respecting Supplemental Pension Plans, enabled by Supplemental Pension Plans Act)

	LIF Account nur	mber
Member or purchaser identification		
☐ Mrs. ☐ Mr. First name:	Last name:	
Declaration		
I hereby swear that I will request the suspension of payments fro is 50% of the Year's Maximum Pensionable Earnings (YMPE), in the		iches \$, that
Signature		
Name of the purchaser (in block letters)	XSignature of the purchaser	Date (YYYY-MM-DD)
NOTE: Whosoever makes a false declaration with the intedeclaration is subject to the penalties provided for	ention of obtaining a temporary income from the life inco in sections 257 and 262 of the Supplemental Pension F	