



Locked-In Confirmation (Transfer In)

Please note: The data entered on this form may be scanned and stored electronically. Please print neatly in the spaces provided to ensure completeness, accuracy and machine readability.

A: Client Identification

Account Policy Holder Last Name	First Name	Init.
Social Insurance Number		

B: Receiving Institution Information

BMO Investments Inc.
 Administration Office:
 BMO Mutual Funds
 30 Adelaide Street East, Suite 1
 Toronto, ON., M5C 3G9
 Telephone: 1(800) 668-7327
 Fax: 1-800-200-2497

Client Account/Policy Number

Plan Type: LIRA LRSP RLSP LIF LRIF RLIF

Acknowledgement by _____ as agent
Receiving Institution Name*

for _____ All locked-in funds from the
Plan Trustee (if applicable)

registered plan in Section C below, to be transferred to the _____
Plan Name (if applicable)

registered plan indicated (above), will continue to be administered in accordance with the provisions of:

(check one:)

the governing pension legislation of:

contractual conditions of:

Any subsequent transfer of such locked-in funds to another trustee or financial institution will be made only to another registered plan which will continue to be administered in accordance with the requirements indicated above. No transfer, in accordance with this agreement, shall be permitted unless the receiving plan is appropriately registered and in compliance with the applicable Pension Legislation and Regulations thereto, or the contractual conditions thereto, and the Income Tax Act (Canada).

We will administer these funds in accordance with the pension legislation of the applicable jurisdiction.

Authorized Signature _____ Date Y|Y|Y|Y|M|M|D|D

*Receiving Institution must appear on the appropriate Superintendent's List of Financial Institutions authorized to administer Funds in that jurisdiction where applicable.

C: Direction to Relinquishing Institution

Relinquishing Institution Name	Group Plan Number (if applicable)
Client Account/Policy Number	

D: For Use by Relinquishing Institution Only

Contact Name _____ Telephone Number _____

Fill in Section 1 or 2, whichever is applicable.

Part 1: Locked-in Funds governed by Pension Legislation:

Plan Type: LIRA LRSP RLSP LIF LRIF RLIF Pension Plan

Applicable Pension Legislation: Federal (PBSA)
 Provincial/Territory - specify: _____
 (As of the year of 1997, the Territories are covered by Federal Pension Legislation, but may have their own pension legislation in the future.)

Original Pension Plan Name(s) (if available) _____

Status of Account Plan Holder Member/Annuitant Spouse of Member Former Spouse of Member

On what basis are the funds to be administered:

Sex Distinct Pre Dollar Amount (\$) _____ or % _____ Post Dollar Amount (\$) _____ or % _____

Unisex Pre Dollar Amount (\$) _____ or % _____ Post Dollar Amount (\$) _____ or % _____

If funds are being transferred to a LIF or LRIF, has the appropriate spousal waiver/consent form been signed?
 Yes, attached No, specify reason: _____

Part 2: Locked-in Funds governed by Contractual Agreement. Yes (copy of agreement attached)

Plan Type: Contractual RSP Contractual RIF

Please specify: _____

I certify that the information given on this form is, to the best of my knowledge, correct and complete.
 Relinquishing Institution Authorized Signature _____ Date Y|Y|Y|Y|M|M|D|D