

# TRANSFER OF A LUMP SUM AMOUNT TO AN AUTHORIZED LOCKED-IN VEHICLE FORM

If you elect a transfer option to an authorized locked-in vehicle, you must complete this form. It replaces the T2151 which is generally used for this type of transfer.

## A. Member and Pension Plan Identification

**First Name and Last Name:** \_\_\_\_\_

**Social Insurance Number:** \_\_\_\_\_

**Pension Plan Name:** \_\_\_\_\_ Canada Post Corporation Registered Pension Plan

**Canada Revenue Agency Pension Plan's  
Registration Number:** \_\_\_\_\_ 1063874

**Applicable Pension Legislation:** \_\_\_\_\_ Federal – *Pension Benefits Standards Act, 1985*

## B. Locked-in Vehicle Identification

**Type of vehicle:** ☐ Locked-in Registered Retirement Savings Plan (Locked-in RRSP)  
☐ Life Income Fund (LIF)  
☐ Restricted Life Income Fund (RLIF)  
☐ Other, please specify: \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Name of Financial Institution:** \_\_\_\_\_

**Financial Institution Address:** \_\_\_\_\_

**Address**

**City** \_\_\_\_\_ **Province** \_\_\_\_\_

**Postal Code** \_\_\_\_\_

## C. Financial Institution Locking-in Acknowledgement

This Section must be signed by an Authorized Officer of the Financial Institution prior to the transfer.

**Name of Authorized Officer:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

We acknowledge that the funds to be transferred from the Pension Plan indicated in Section A are subject to restrictions governing locked-in funds and confirm that the funds will be administered in accordance with the provisions and regulations of the *Pension Benefits Standards Act, 1985*.

\_\_\_\_\_  
**Authorized Officer's Signature** **Date**

## D. Member's Signature

I hereby request to transfer the value of my locked-in benefits from the Pension Plan indicated in Section A to the locked-in vehicle indicated in Section B. I hereby certify that the information provided in this form is correct and complete.

\_\_\_\_\_  
**Member's Signature** **Date**