

Member Name: \_\_\_\_\_

Account / Contract Number: \_\_\_\_\_

Date LIF Opened: \_\_\_\_\_

Acknowledgement of 50% Unlocking Option (Schedule 4A NS LIF):

I acknowledge that under Nova Scotia pension legislation, a one-time option may be available to unlock up to 50% of the funds transferred into my Nova Scotia Life Income Fund (LIF).

I understand that:

- This 50% unlocking option is time-limited and must be exercised **within 60 days of the date my LIF is opened.**
- If I do not apply within this 60-day period, I will lose the ability to use this option for my LIF.
- This option is voluntary and does not apply automatically.

By signing this form, I confirm that:

- I have been informed of the 50% unlocking option and the 60-day deadline.
- I choose not to exercise the 50% unlocking option for this LIF.
- I understand that this decision is final once the 60-day period has passed.

If I wish to exercise the 50% unlocking option instead, I understand that I must complete and submit the required unlocking application forms within the 60-day period.

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_