



PORTABILITY OF PENSIONS ELECTION

PERSONAL DATA

Surname: _____ Given Name: _____

Previous Surname (if applicable) _____

Social Insurance Number: _____ Date of Birth: _____

Home Mailing Address: _____

City: _____ Province: _____ Postal Code _____

Telephone: (____) _____

Current Employer: _____

I hereby elect to transfer my service under the _____
Former Pension Plan

to the _____ in accordance with Section 4 of the
Current Pension Plan

Portability (of Pensions) Act. **I realize this election is irrevocable.**

Signed this _____ Day of _____, 20____

Signature of Applicant

Upon completion of this form please forward to the Teachers' Pension Plan Corporation.

A copy of this form should also be forwarded to your employer for your personnel file.