



APPENDIX "A" TRANSFER APPLICATION

From Government Money Purchase Pension Plan to
Teachers' Pension Plan

I, _____
Name

Mailing Address:

Home Mailing Address

City/Town Province

Postal Code

Date of Birth

Social Insurance Number

Applicant's E-mail Address

Hereby request that the Teachers' Pension Plan and the Government Money Purchase Pension Plan submit for my consideration a transfer estimate so that I may determine if I wish to benefit from the Reciprocal Pension Transfer Agreement between the plans.

Date

Signature

A duly signed copy of this Application must be returned to:

By Mail: Teachers' Pension Plan Corporation
130 Kelsey Drive, Suite 101
St. John's, NL, A1B 0T2

By Fax: (709) 793-4055

By Email: memberservices@tppcnl.ca