



# INTERPROVINCIAL RECIPROCAL TRANSFER APPENDIX A TRANSFER APPLICATION FORM

A signed copy of this Application must be returned to both the Importing and Exporting Pension Plan Authorities.

## Section I – PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
PREVIOUS NAMES (IF DIFFERENT)		
DATE OF BIRTH	HOME ADDRESS	
	CITY	
GENDER M                      F	PROVINCE	
	POSTAL CODE	
TELEPHONE NUMBER	PERSONAL EMAIL ADDRESS	
SOCIAL INSURANCE NUMBER OR CURRENT PENSION PLAN MEMBERSHIP IDENTIFICATION NUMBER		

## Section II – PLAN INFORMATION

EXPORTING PLAN

IMPORTING PLAN

PERIOD TO BE TRANSFERRED: FROM  TO

PRESENT EMPLOYER

DATE OF EMPLOYMENT WITH PRESENT EMPLOYER

LAST FORMER EMPLOYER WHILE PARTICIPATING IN THE EXPORTING PLAN

Is there a written agreement between you and your spouse dividing your benefits from the Exporting Plan?                      YES                      NO

### Section III – AUTHORIZATION

---

I hereby request that the Pension Authorities of the Exporting and Importing Plans submit for my consideration two (2) copies of a transfer estimate under the reciprocal transfer agreement between the Pension Plans.

I certify that I am a member of the Importing Plan and have participated in the Importing Plan for at least 20 days after ceasing to be an Active Member of the Exporting Plan and before the date of this application.

I hereby authorize both the Exporting Plan and the Importing Plan to release to each other the information necessary to calculate the amount transferable, including my social insurance number and any information relevant to the processing of this application.

APPLICANT SIGNATURE	DATE SIGNED
---------------------	-------------

Note: A list of the addresses of Pension Authorities is included with this Application.