

APPENDIX "A"

TRANSFER APPLICATION FORM

IDENTIFICATION		
Last Name _____	First Name _____	Initial _____
Previous Names (if different) _____		
Home Address _____	City _____	
Province _____	Postal Code _____	
Telephone _____		
Date of Birth _____	Sex M _____ F _____	
Your Social Insurance Number or your current pension plan membership identification number _____		
Exporting Plan _____		
Importing Plan _____		
Period to be transferred	From _____	To _____
Date of employment with present employer _____		

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.

Last Former Employer While Participating in the Exporting Plan _____

Present Employer _____

- **Is there a written agreement between you and your spouse dividing your benefits under the Exporting Plan:** Yes No

Signed this _____ **day of** _____ **20** _____

Applicant

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

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