

APPENDIX "B"

TRANSFER ESTIMATE AND ACCEPTANCE FORM

Please proceed as follows:

1. Check the data in Sections II and III
2. If you accept the transfer, complete Section I and return a copy of this form so that it is received by each Pension Authority within 60 days from the date of the letter forwarding this form to you.
3. If there is a Shortfall as indicated in #5 of Section III of this form, you may pay some or all of the Shortfall, with interest, in order to have more pensionable service recognized by the Importing Plan. Payment must be received by the Importing Plan Pension Authority within 60 days from the date of the letter forwarding this form to you. After the 60 days, you may be able to purchase pensionable service depending on the terms and conditions of the Importing Plan.

Last Name _____	First Name _____	Initial _____
Social Insurance Number or your current pension plan membership identification number _____		
Date of Application * _____ 20 _____ <i>(* Date the Transfer Application Form was received by the Exporting Plan)</i>		

Section I ACCEPTANCE

I hereby agree to the transfer of the benefits credited under the

Exporting Plan (Name) _____ **to the**

Importing Plan (Name) _____

I understand that the estimates of the amount available for transfer from the Exporting Plan and the amount required by the Importing Plan provided in Sections II and III, have been calculated as of the Date of Application and that the final amounts will be determined at the date of transfer of funds to the Importing Plan. A confirmation of the transfer amount and the service to which I am entitled will be provided to me after the transfer is completed.

In consideration of the payment made by the Exporting Plan, on behalf of myself, my heirs, administrators and assigns, I hereby release the Exporting Plan, its employees, agents, administrators and assigns, from any responsibility, causes of action, suits, debts, duties, accounts, claims and demands whatsoever against those entities which I, my heirs, administrators, successors and assigns now have, or may have in the future, for any reason whatsoever with regard to my benefits in the Exporting Plan and the transfer of the monetary value, as determined at the time of that transfer, of those benefits to the Importing Plan.

Signed this _____ day of _____ 20 _____

Applicant

A **signed** copy of this Application form must be returned **to both the Importing Plan and the Exporting Plan within the time limit** specified above and at the addresses specified in Sections II and III of this form.

Section II AVAILABLE AMOUNT UNDER THE EXPORTING PLAN

1. Exporting Plan _____		
2. Period of Participation	From _____	To _____
3. Service Credited		
a) Years of service credited for eligibility for benefits	_____ _____	
b) Years of service credited for calculation of benefits	_____ _____	
4. Annual pensionable salary at the date of termination	\$ _____	
5. Amount available for transfer*		
a) Before division of benefits following a marriage breakdown (if any)	\$ _____	
b) After division of benefits following a marriage breakdown (if any)	\$ _____	

6. Value of Applicant's contributions with interest included in Section II (#5)*	\$ _____
7. The annual interest rate that the Exporting Plan was using to credit interest to employee contributions on the Date of Application	_____ %
8. Benefits available if you do not transfer * (either (a) or (b))	
a) (i) Amount transferable to an RRSP	\$ _____
(ii) Amount transferable to a Locked-in Retirement Account ("LIRA")	\$ _____
(iii) Amount payable as a taxable lump sum	\$ _____
b) Estimate of the annual pension** payable at age of _____	\$ _____
*Calculated as at the Date of Application. **This pension (is/is not) indexed during the deferral period.	

Date _____

Prepared by _____

Signature

Section III REQUIRED AMOUNT UNDER THE IMPORTING PLAN

1. Importing Plan _____
2. Date of commencement of participation in the Importing Plan _____
3. Annual pensionable salary on the Date of Application \$ _____ <i>(Date the Transfer Application Form was received by the Exporting Plan)</i>
4. a) Amount required by the Importing Plan* \$ _____
b) Amount transferable from the Exporting Plan ^{(2)*} \$ _____
c) Shortfall amount, if any (equal to (a) minus (b)) * \$ _____
*Calculated as at the Date of Application

