



TRANSFER AGREEMENT BETWEEN THE TEACHERS' PENSION PLANS AUTHORITIES

APPENDIX "A" TRANSFER APPLICATION FORM

IDENTIFICATION

NAME	GIVEN NAME	INITIAL	Social Insurance Number or Member Identification No.
ADDRESS	Previous Names (if different)		Male Female
	Telephone Numbers H - () W - ()		Date of Birth (YYYY/MM/DD)
	Postal Code		
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 under the Exporting Plan? YES OR NO			
<p>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.</p> <p>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.</p>			
SIGNED THIS _____ DAY OF _____ 20_____.			
APPLICANT SIGNATURE _____.			

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