



Pension Transfer Application (Appendix "A")



c/o Public Employees Benefits Agency
1000 – 1801 Hamilton Street
REGINA SK S4P 4W3

SECTION 1: Member Information		
Name (print)	Social Insurance Number	
Address (Include Postal Code)		Previous Name(s)
Telephone Number(s) Work () Home ()	Birth Date (day, month, year)	Your Gender: Male () Female ()
Is there a written agreement between you and your spouse dividing your benefits due to a marriage breakdown? Yes () No (). If yes, please specify.		
Name of Present Employer		Date of Employment (day, month, year)
Name of Present Pension Plan		
Name of Previous Employer		Date of Employment (day, month, year)
Name of Previous Pension Plan		

SECTION 2: Request	
<p>I hereby request that the pension authorities of the Exporting and Importing Plans provide me with two (2) copies of a Pension Transfer Estimate under the terms of this Reciprocal Agreement between the pension plans. I have been provided with and have read the terms of the Reciprocal Agreement.</p> <p>I understand that the personal information supplied will be handled in a confidential manner and will be given only to those persons authorized to process my application.</p> <p>I certify that I am a member of the Importing Plan and have participated in the Importing Plan for at least twenty (20) working days prior to the date of this application.</p>	
<p>_____</p> <p>Signature of Member</p>	<p>_____</p> <p>Name (Please Print)</p>
<p>_____</p> <p>Date (day, month, year)</p>	

Two (2) signed copies of Appendix "A" must be returned to the Exporting Plan indicated below:

() Saskatchewan Teachers' Superannuation Commission
Room 129, Walter Scott Building
3085 Albert Street, REGINA SK S4S 0B1

() Municipal Employees' Pension Plan
c/o Public Employees Benefits Agency
1000 – 1801 Hamilton Street, REGINA SK S4P 4W3