

# PENSION TRANSFER APPLICATION (APPENDIX A - TRANSFER INFORMATION REQUEST AND AUTHORIZATION)

PERSON ID
-----------

**Instructions for plan member**

This form is completed when applying for your multilateral reciprocal transfer for public service defined benefit pension plans.

Upon completion, please forward this form to the pension plan administrator of your present employer.

Before we can process your application, we need certain pieces of information.

- Proof of age or identity (required to determine your plan benefit entitlement)
- Change-of-name documents (required if your name is different from the name on your proof of age or identity)

A clear and legible copy (either physical or electronic) of one of these documents is acceptable as proof of age or identity:

- Valid BC identification (BCID) card
- Valid photo BC services card
- Canadian birth certificate
- Valid Canadian provincial or territorial driver's licence
- Valid Canadian passport (photo page)

Visit the plan website at [college.pensionsbc.ca](http://college.pensionsbc.ca) or contact the plan for acceptable alternative documents.

If your name has changed from the time you were enrolled in the plan, we will require all of your legal change-of-name documents or marriage certificates. Contact us for acceptable alternative documents if your original documents are unavailable.

<b>College Pension Plan</b>	
PO Box 9460 Victoria BC V8W 9V8	
Web	<a href="http://college.pensionsbc.ca">college.pensionsbc.ca</a>
Toll-free	1-888-440-0111 (Canada/U.S.)
Fax	250-953-0419
Email	<a href="mailto:Recip.Team@pensionsbc.ca">Recip.Team@pensionsbc.ca</a>

PLAN MEMBER LAST NAME	FIRST NAME	MIDDLE INITIAL
-----------------------	------------	----------------

PREVIOUS NAME(S) *(if different from current name)*

MAILING ADDRESS <i>(include unit number, if applicable)</i>	CITY	PROVINCE	POSTAL CODE
---	------	----------	-------------

PHONE NUMBER	BUSINESS PHONE	FAX NUMBER
--------------	----------------	------------

EMAIL	DATE OF BIRTH YYYY-MM-DD	SOCIAL INSURANCE NUMBER
-------	-----------------------------	-------------------------

EXPORTING PLAN NAME <i>(the plan you are transferring from)</i>	IMPORTING PLAN NAME <i>(the plan you are transferring to)</i>
---	---

PERIOD TO BE TRANSFERRED
YYYY-MM-DD <span style="margin-left: 200px;">YYYY-MM-DD</span>
<i>from</i>   <span style="margin-left: 100px;">to</span>

PRESENT EMPLOYER NAME	DATE OF EMPLOYMENT WITH PRESENT EMPLOYER YYYY-MM-DD
-----------------------	--

LAST FORMER EMPLOYER WHILE PARTICIPATING IN THE EXPORTING PLAN

My pension benefits have been or are in the process of being split because of marriage breakdown.	Select one <input type="radio"/> NO <input type="radio"/> YES	If yes, submit a copy of the agreement or court order. It must be filed with the current pension plan.
---	--	--

I hereby request that the Pension Plan Authorities of my current and former employers submit for my consideration two copies of a transfer estimate under the transfer agreement between the public service defined benefit pension plans.

PLAN MEMBER SIGNATURE	DATE SIGNED YYYY-MM-DD
-----------------------	---------------------------

*Freedom of Information and Protection of Privacy Act*—The personal information on this form is collected under the authority of the *Public Sector Pension Plans Act* and will be used by the Pension Corporation to administer a plan member's pension and other non-pension benefits. If you have any questions about the collection and use of this information, contact the privacy officer at PO Box 9460, Victoria BC V8W 9V8 or by telephone at 250-387-1002.