

Commuted Value Transfer Request for Information: Part A

| HEB Manitoba Use Only |
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Part A must be completed by the Plan member.

| PERSONAL INFORMATION | | |
|--|--|--------------------------|
| Member Name: | | |
| Last name | First name | Middle initial |
| Mailing Address: | | |
| Street Number and name | City/Town | Province Postal Code |
| Phone: | Personal Email: | |
| Birth Date: | Marital Status: Single Married Co | ommon-law |
| TRANSFER INFORMATION | | |
| Transfer From (Exporting Plan): | Employer: | |
| Transfer To (Importing Plan): HEB Manito | bba – Healthcare Employees' Pension Plan (HEP | PP) RPP #: 0345793 |
| Is your benefit still in the exporting plan? | ☐ Yes ☐ No | |
| When did you end employment? | MMM YYYY | |
| AUTHORIZATION AND SIGNATURE | | |
| | orting plan named above to provide information rize the above-named plans to release or exchange in the contract of the contra | |
| I understand that: | | |
| I need to provide a copy of my provide a copy | ed to update my file if necessary, including cont roof of age to HEB Manitoba with this form be ge are birth certificate, passport, citizenship cer | efore a quotation can be |
| Signature: | Date Signed | |
| | | DD MMM YYYY |
| FORM RETURN | | |

Return completed Parts A and B together, along with your proof of age as soon as possible to:

HEB Manitoba

Mail: 900-200 Graham Avenue Winnipeg, MB R3C 4L5

Fax: 204-943-3862

Email: info@hebmanitoba.ca



Commuted Value Transfer Request for Information: Part B

| HEB Manitoba Use Only | |
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Part B must be completed by the Exporting Plan and returned to the member.

| TRANSFER INFORMATION | | |
|---|---|----------------------|
| Transfer From (Exporting Plan): | RPP Nun | nber: |
| Employer: | | |
| Transfer To (Importing Plan): HEB Manito | a – Healthcare Employees' Pension Plan (HEPP) | RPP #: 0345793 |
| EXPORTING PLAN INFORMATION | | |
| Plan Type: Defined Benefit* Define | Contribution Group RRSP Other: | |
| · | ment of pensionable service, earnings and PA am o any lock-in provisions and the applicable jurisd | • |
| Mailing Address: | City/Town | Province Postal Code |
| Contact (Plan Administrator) Name: | | |
| Phone:Er | nail: | |
| MEMBER INFORMATION | | |
| Member Name: | | |
| Last name | First name | Middle initial |
| Employment Date: | Pension Plan Enrolment Date: | MMM YYYY |
| Termination Date: | | |
| DD MMM | YYYY | |
| Marital Status at Termination: | Relationship Breakdown(s) Res | solved: Yes No N/ |
| Total Eligible Service: | Total Credited (Pensionable Service): | |
| Non-locked-in Funds as of | | |
| Locked-in Funds as of | | |
| s the pension benefit currently in the plar | ? ☐ Yes, all of it ☐ No, none of it ☐ It was pa | rtly cashed out |
| If no or partly cashed out, what w | s the total amount of the original benefit? \$ | |
| Where was the cashed-ou | benefit transferred to? Member (cash) R | RRSP TLIRA |
| | | · — |



Commuted Value Transfer Request for Information: Part B

| HEB Manitoba Use Only |
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| Part B must be | completed by t | he Exporting I | Plan and returned | to the member. | | | | |
|-------------------------------|--------------------------------------|-------------------|---------------------|---------------------|-------------|----------|------------|------|
| DETAILED ME | MBER SERVICE | AND EARNI | NGS | | | | | |
| If you require n | nore room, pleas | se include info | ormation on a sepa | rate sheet. | | | | |
| Earnings and S | ervice | | | | | | | |
| Calendar Year | Actual Pensionable Earnings | | Credited Service | Eligibility Service | PA | | Notes | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Leaves of Abse | nce | | | | | | | |
| Start Date of Leave | | End Date of Leave | | Notes | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| EXPORTING P | LAN CERTIFICA | TION | | | | | | |
| | n has been prep ue transfer estim | • | vided to HEPP for t | he purpose of prov | viding this | former r | member wit | h a |
| Plan Administra | ator Name: | | | | | | | |
| Plan Administrator Signature: | | | Date | Signed: _ | | | | |
| | | | | | | DD | MMM | YYYY |

FORM RETURN

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