



Commuted Value Transfer Request for Information: Part A

HEB Manitoba Use Only

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 ☐ Common-law
DD MMM YYYY

TRANSFER INFORMATION

Transfer From (Exporting Plan): _____ Employer: _____

Transfer To (Importing Plan): HEB Manitoba – Healthcare Employees’ Pension Plan (HEPP) RPP #: 0345793

Is your benefit still in the exporting plan? ☐ Yes ☐ No

When did you end employment? _____
DD MMM YYYY

AUTHORIZATION AND SIGNATURE

I authorize the administrators of the exporting plan named above to provide information on the possible transfer of my pension benefit to HEB Manitoba. I authorize the above-named plans to release or exchange all information necessary to produce a transfer quotation.

I understand that:

- The above information will be used to update my file if necessary, including contact information.
- **I need to provide a copy of my proof of age to HEB Manitoba with this form before a quotation can be provided.** Acceptable proofs of age are birth certificate, passport, citizenship certificate or baptismal certificate.

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

