

# Reciprocal Transfer Request for Information: Appendix A

Date: \_\_\_\_\_

Transfer from: \_\_\_\_\_

**ELIGIBLE PERSON INFORMATION – TO BE COMPLETED BY THE ELIGIBLE PERSON AND RETURNED TO IMPORTING PLAN**

Eligible Person's Name: \_\_\_\_\_

Eligible Person's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Eligible Person's Phone Number: \_\_\_\_\_ Eligible Person's Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SIN: \_\_\_\_\_

Importing Plan: Name of Employer: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Date of Plan Enrolment: \_\_\_\_\_

Exporting Plan: Name of Employer: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Date of Termination: \_\_\_\_\_

Have you been involved in a relationship breakdown since January 1, 1984? ☐ Yes ☐ No

If yes, have all pension issues been settled pursuant to a separation agreement or a court order or where a division of pension has been waived, is there an executed opting out agreement with respect to the division of pension?

☐ Yes ☐ No

The relationship breakdown must be resolved or an executed opting out agreement must be provided before the Eligible Person can proceed with a transfer.

I hereby authorize \_\_\_\_\_ to release the information necessary to produce a transfer  
(name of Exporting Plan)

quotation, including my social insurance number, to \_\_\_\_\_.  
(name of Importing Plan)

\_\_\_\_\_  
Eligible Person's Signature

\_\_\_\_\_  
Date