



**PENSION
TRANSFER APPLICATION**
(APPENDIX A – TRANSFER
INFORMATION REQUEST AND
AUTHORIZATION)

PERSON ID	
College Pension Plan PO Box 9460 Victoria BC V8W 9V8 Location 2995 Jutland Road, Victoria Web college.pensionsbc.ca Toll-free in Canada 1 855-356-6069 Fax 250 953-0419 Email Recip.Team@pensionsbc.ca	

INSTRUCTIONS FOR PLAN MEMBER:

- This form is completed when applying for a 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.
- Provide a clear copy of one of these documents as proof of age/identity: passport, Canadian citizenship or immigration papers, current driver’s licence or BC Identification card,

birth certificate, Certificate of Indian Status card, Permanent Resident card or Certificate of Registration of Birth Abroad.

If your name has changed and none of the documents listed above reflects this, we require legal change-of-name documents or marriage certificates.

Contact us for acceptable alternative documents if your original documents are unavailable.

PLAN MEMBER LAST NAME	FIRST NAME	MIDDLE INITIAL
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PREVIOUS LAST NAME(S) *(if different from current name)*

HOME ADDRESS <i>(include Apt. No., if applicable)</i>	CITY OR TOWN	PROVINCE	POSTAL CODE
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PHONE <i>(include ten digits)</i>	BUSINESS PHONE <i>(include ten digits)</i>	FAX <i>(include ten digits)</i>
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EMAIL	DATE OF BIRTH YYYY-MM-DD	SOCIAL INSURANCE NO.
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EXPORTING PLAN NAME <i>(the plan you are transferring from)</i>	IMPORTING PLAN NAME <i>(the plan you are transferring to)</i>
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PERIOD TO BE TRANSFERRED YYYY-MM-DD	YYYY-MM-DD	/ / / / / / / / / /
<i>from</i> <i>to</i>		

PRESENT EMPLOYER NAME	DATE OF EMPLOYMENT WITH PRESENT EMPLOYER	YYYY-MM-DD
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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. Check (✓) one
 NO 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
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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 2995 Jutland Road, Victoria BC V8T 5J9 or by telephone at 250 387-1002.