

APPENDIX “A”

Name _____ Previous Name _____

Home Address _____

_____ Telephone _____

Date of Birth _____ Sex (M/F) ____ SIN _____

Exporting Plan _____

Importing Plan _____

Period to be transferred From _____ To _____

Date employed with present employer _____

Name of Present Employer _____

Last Employer while participating in the Exporting Plan _____

Is there a written agreement between you and your spouse dividing your benefits under the Exporting Plan: Yes _____ No _____

I hereby request that the Pension Authorities of the Exporting and Importing Plans submit for my consideration two (2) copies of a transfer estimate under the reciprocal transfer agreement between the Pension Plans.

I certify that I am a member of the Importing Plan and have participated in the Importing Plan for at least 20 days after ceasing to be an Active Member of the Exporting Plan and before the date of this application.

Date _____ Applicant Signature _____

A signed copy of the Applications with a copy of your birth certificate must be returned to both the Importing and Exporting Pension Plan Authorities.