1. Declaration of Plan Member – to be completed by the Plan Member

I, ____________________________________, am a member of the above mentioned Plan and do hereby apply to transfer my pension entitlement from the Plan to the following registered pension plan of my current employer:

Name of Pension Plan: ____________________________________________________________

Plan Registration No: ____________________________________________________________

Plan Sponsor/Employer name: _____________________________________________________

Signature of Plan Member: __________________________________________ Date: __________________

2. Declaration of Registered Pension Plan Sponsor – to be completed by the Registered Pension Plan Sponsor

We, ________________ ________________________________________________, acknowledge receipt of an application for the transfer of pension entitlement of _______________________________ in the Plan to the _______________________________ (Plan Member Name) (the “Receiving Plan”).

_________________________________________ (Receiving Plan Name)

We declare that the Receiving Plan is a _______________________________ plan (type of plan i.e. Defined Benefit, Defined Contribution, etc.) registered under the Income Tax Act, Canada and the pension legislation in _______________________________. (Jurisdiction of registration)

We hereby certify that the pension benefit transferred from the Plan to the Receiving Plan will be administered in accordance with the locking-in rules under the pension legislation in the Receiving Plan’s jurisdiction of registration.

Please make the cheque for the pension benefit transferred from the Plan payable to:

_________________________________________________________________________________

and mail the cheque to:

___________________________________________________________________________________________________

(Name and Address of the Plan Sponsor or Trustee/Custodian)

If the Receiving Plan is a defined benefit pension plan, we also understand that we are required to provide Carleton University with the pension adjustment transfer amount within 60 days of the date of transfer.

Name of authorized officer: ___________________________ Phone Number: ___________________________

Signature: ______________________________________ Date: ___________________________