



**Registered Pension Plan - Transfer Agreement**

**Carleton University Retirement Plan (the "Plan")**

Registration Number: 0526616

**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  
(Plan member name)

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  
(Receiving Plan Sponsor/Employer/Administrator Name)

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: \_\_\_\_\_