Appendix A – Request for Transfer Quotation

Member's Name and Address:		Date:
RE: Transfer from		to
	Exporting Plan	Importing Plan
MEMBER INFORMATION (Please complete the missing information in this section)		
Member's Name:		
Date of Birth:		
Importing Plan:	Name of Employer:	
,	Reference No.:	
	Date of Hire:	
	Date of Enrolment in Pension Plan:	
Exporting Plan:	Name of Employer:	
200	Reference No.:	
	Date of Termination:	
TO BE COMPLETED BY THE MEMBER		
I hereby authorize (Exporting Plan) to release the information necessary to produce a transfer quotation, including my social insurance number.		
transfer quotation, including my social insurance number.		
Signature of Member:		Date:
Member's Home Telephone:		Member's Business Telephone:
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