



# INTERPROVINCIAL RECIPROCAL AGREEMENT (INFORMATION PART 1)

PERSON ID	
<b>Teachers' Pension Plan</b> PO Box 9460 Victoria BC V8W 9V8	
Web	<a href="http://tpp.pensionsbc.ca">tpp.pensionsbc.ca</a>
Toll-free	1-800-665-6770 (Canada/U.S.)
Fax	250-953-0419
Email	<a href="mailto:Recip.Team@pensionsbc.ca">Recip.Team@pensionsbc.ca</a>

### Instructions for plan member

**A signed copy of this application must be returned to both the exporting and importing pension plans.**

Before we can process your application, we need certain pieces of information.

- Proof of age or identity (required to determine your plan benefit entitlement)
- Change-of-name documents (required if your name is different from the name on your proof of age or identity)

A clear and legible copy (either physical or electronic) of one of these documents is acceptable as proof of age or identity:

- Valid BC identification (BCID) card
- Valid photo BC services card
- Canadian birth certificate
- Valid Canadian provincial or territorial driver's licence
- Valid Canadian passport (photo page)

Visit the plan website at [tpp.pensionsbc.ca](http://tpp.pensionsbc.ca) or contact the plan for acceptable alternative documents.

If your name has changed from the time you were enrolled in the plan, we will require all of your 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 NAME(S)	
PREVIOUS LAST NAME(S)			OTHER IDENTIFICATION NUMBERS		
DATE OF BIRTH YYYY-MM-DD	SOCIAL INSURANCE NUMBER	DATE OF FIRST TEACHING IN BRITISH COLUMBIA YYYY-MM-DD	DATE OF RETIREMENT ( <i>estimated or actual</i> ) YYYY-MM-DD		

PROVIDE TEACHING SERVICE IN ALL PROVINCES			
DATE OF SERVICE		EMPLOYER NAME	PROVINCE
FROM YYYY-MM-DD	TO YYYY-MM-DD		

My pension benefits have been or are in the process of being split because of marriage breakdown.	Select one <input type="radio"/> NO <input type="radio"/> YES	If yes, submit a copy of the agreement or court order. It must be filed with the current pension plan.
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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 PO Box 9460, Victoria BC V8W 9V8 or by telephone at 250-387-1002.

Clear Form