



INTERPROVINCIAL RECIPROCAL TRANSFER AGREEMENT (APPENDIX A - APPLICATION)

Instructions for plan member

A signed copy of this application must be returned to both the exporting¹ and importing² 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 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.

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

PLAN MEMBER LAST NAME		FIRST NAME		MIDDLE INITIAL	
PREVIOUS NAME(S) (if different from current name)					
MAILING ADDRESS—include unit number, if applicable			CITY	PROVINCE	POSTAL CODE
DATE OF BIRTH YYYY-MM-DD	PHONE NUMBER	SOCIAL INSURANCE NUMBER		CURRENT PENSION PLAN ID	
		OR			
EXPORTING PLAN NAME		IMPORTING PLAN NAME			
PERIOD TO BE TRANSFERRED					
from		YYYY-MM-DD		to	
PRESENT EMPLOYER NAME			DATE OF EMPLOYMENT WITH PRESENT EMPLOYER YYYY-MM-DD		
LAST FORMER EMPLOYER WHILE PARTICIPATING IN THE EXPORTING PLAN					

Is there a written agreement between you and your spouse dividing your benefits under the exporting plan? Select one ☐ NO ☐ YES

I 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 been for at least 20 days after ceasing to be an active member of the exporting plan, and before the date of this application.

I hereby authorize both the exporting plan and the importing plan to release to each other the information necessary to calculate the amount transferable, including my social insurance number and any information relevant to the processing of this application.

PLAN MEMBER SIGNATURE	DATE SIGNED YYYY-MM-DD
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¹ The "exporting plan" is the plan you are transferring from.

² The "importing plan" is the plan you are transferring to.