



CHAMBER PENSION PLAN

INDIVIDUAL TRANSFER REQUEST

Name of Member _____ Member Number _____

Date of Birth ____ / ____ / ____ Email Address _____
DD MM YR

Mailing Address _____

Phone Number _____

My last period of employment ended on ____ / ____ / ____
DD MM YR

Transferring Out

I understand that I am entitled to benefits under the Chamber Pension Plan in relation to my employment with the employer(s) listed below. I also understand that I can leave my benefit in the Chamber Pension Plan where it will continue to accrue based on market conditions until I retire or transfer the value of the accumulate contributions to another approved pension plan.

I wish to transfer:

- All accumulated assets plus interest in relation to my employment with _____
(Name of Employer(s))
- _____ percent of all accumulated assets held at the Chamber Pension Plan
- All accumulated assets held at the Chamber Pension Plan to the pension plan _____

The Administrator of the Receiving Pension Plan is _____
 who is willing to accept this transfer (confirmed by that Administrator by signing this form).

In consideration of this payment I hereby discharge the Chamber Pension Plan from all further liability whatsoever in respect of my membership of the Chamber Pension Plan.

Signature _____ Date ____ / ____ / ____
(as appears on passport) DD MM YR

Authorized Signature of Receiving Pension Plan _____ Date ____ / ____ / ____
DD MM YR