



Name of Member \_\_\_\_\_ Member Number \_\_\_\_\_

Date of Birth     /    /     \_\_\_\_\_  
DD MM YR Email Address

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 \_\_\_\_\_  
(as appears on passport)

Date     /    /      
DD MM YR

Authorized Signature of Receiving Pension Plan \_\_\_\_\_

Date     /    /      
DD MM YR

