



For Office Use Only
Company # _____
Member # _____

**INDIVIDUAL TRANSFER REQUEST**

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

Date of Birth: (DD/MM/YY) \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

My last period of employment ended on \_\_\_\_\_ (Date)

**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**

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

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