



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 _____