



McMaster University
Human Resources Services

Inspiring Innovation and Discovery

Request For A Pension Transfer from Other Employer Plans

Employee Name: _____ McMaster ID: _____
(Please Print)

E-mail Address: _____ Extension: _____

Please Note:
1. Under the Amendment to the Contributory Pension Plan for Salaried Employees of McMaster University including McMaster Divinity College 2000, section 8.01(a), a member, **who immediately prior to entering the service of the University** was a participant in a previous employer's registered pension plan may transfer to the Fund monies payable from such previous registered pension plan, subject to the consent of the University.

2. Under the Amendment to the Contributory Pension Plan for Salaried Employees of McMaster University including McMaster Divinity College 2000, section 8.01(b), as a result of the transfer to the Plan under Section 8.01(a) and subject to the certification of any past service adjustment (as defined under the *Income Tax Act*), the University shall grant to the Member the amount of Pensionable Service which can be purchased by the transferred amount, based on the recommendation of the Actuary. For the purposes of this Section 8.01(b), and Section 8.1(e), if applicable, such Pensionable Service shall be classified as "Pensionable Past Service".

Employee Date of Birth: _____ Gender: Male Female

Spouse's Date of Birth: _____ Gender: Male Female

Name of Former Pension Plan: _____
Service in Former Pension Plan: _____
Value of Locked-in Pension (Lump-sum): _____
Date of Locked-in Pension Calculation: _____
Termination Date from Prior Employer: _____
Former Plan's Contact information: Name: _____ Phone #: _____
Address: _____

Note: Please note that all the above information is required and must be provided in advance in order to proceed with the transfer request. A copy of the termination package from the former pension plan verifying the above information should accompany this application. Unfortunately incomplete applications cannot be processed.

Signature of the Employee _____
Date

The information provided above will be forwarded to McMaster's actuaries to complete the calculation. As transfers are complex in nature and involve the current and prior administrator please note that processing can take 4-6 months approximately.

Contact Information:
Human Resources Services, CSB Room 202
1280 Main St. West, Hamilton, ON L8S 4L8; Phone (905) 525-9140, ext. 22247
Fax: (905) 540-9085
www.workingatmcmaster.ca

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