

TRANSFER AGREEMENT

Between

McMaster University and the

Administrator of a Recipient Registered Retirement Savings or Registered Pension Plan

Name	of Transferring Participant:
Name	of Recipient Plan:
Accou	nt No. or Policy No:
Name	and Address of Recipient Plan to whom transfer cheque should be forwarded:
a form	REAS the Contributory Pension Plan for Hourly Employees of McMaster University provides that the commuted value of er Member's pension entitlements may be transferred to another Registered Plan on the condition that all funds will be d-in" to provide a deferred life annuity. The Plan is regulated by the Pension Benefits Act of Ontario.
	WHEREAS the above-stated Participant has requested a transfer of such amount under such condition to the above- d Registered Plan.
We the	e undersigned representatives of the recipient Plan Administrator confirm and agree to the following:
1)	The former Member is enrolled in the above-named Plan,
2)	We have allocated to this former Member the Account Number or Policy number shown above,
•	We agree to accept into our Plan the funds available for transfer for this Member to be credited to his/her account,
·	We agree to "lock-in" and administer the amount transferred as a pension or deferred pension in accordance with the Pension Benefits Act 1987 and its regulations. The amount transferred has been determined in a manner that did not differentiate on the basis of gender,
,	Notwithstanding (4) above, if the Member requests a subsequent transfer to another Registered Retirement Savings Plan or Registered Pension Plan, we agree that the amount available for transfer will not be withdrawn from the recipient Plan until the recipient Plan Administrator receives an undertaking similar to this from the subsequent Plan Administrator.
6)	We are authorized to execute this agreement on behalf of the recipient Plan Administrator.
IN WI	TNESS WHEREOF we have hereunder affixed our signature this day of, 20
	Authorized Signing Officer Title