

**University of Ottawa Retirement pension Plan – Application to Transfer In
Information Required for Purposes of Transfer Estimate**

Member's Name: _____

Social Insurance Number: _____

I. Data related to the service and to the Pension Adjustment:

Name and address of the previous pension plan and/or employer:

Type of pension plan:

Defined benefit (BD): Defined Contribution (DC) : Hybrid Plan (PD & CD):

Canada and Revenue Agency (CRA) Registration number of pension plan: _____

Period of participation: From: _____ (DD/MM/YYYY) To: _____ (DD/MM/YYYY)

Service:

Credited service before January 1, 1987: _____

Credited service from January 1, 1987 to December 31, 1989: _____

Credited service from January 1, 1990 to December 31, 2003: _____

Credited service from January 1, 2004 to termination date: _____

Total credited Service : _____

Year (post 1989)	Pensionable Earnings ⁽¹⁾	Credited Service	Member's PA ⁽²⁾		Member's PSPA ⁽³⁾	
			Portion DB*	Portion DC*	Portion DB*	Portion DC*

* DB: Defined Benefit/DC: Defined Contribution .../2

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Service affected by marriage Breakdown:

a) Period of service affected: From: _____(DD/MM/YYYY) To: _____(DD/MM/YYYY)
 b) Number of years of service affected: _____

II. TOTAL TRANSFERABLE AMOUNT:

In order to estimate the PSPA related to the transfer, please supply the total amount transferable:

Portion DB: _____ \$

Portion DC: _____ \$

Date on which these amounts was determined: _____(DD/MM/YYYY)

Once we have determined the cost of the service buy-back, if the member elects to proceed with the transfer, we will inform you of the transfer amount and, in order to complete the PSPA calculation, we will ask you to confirm the amount of any additional transfers (related to post 1989 service) made to another pension plan or an RRSP.

⁽¹⁾ Pensionable earnings are contributory earnings or earnings otherwise recognized by the pension plan

⁽²⁾ Pension Adjustment (PA)

⁽³⁾ Past Service Pension Adjustment (PSPA)

Prepared by (Name & Title): _____	Email Address: _____
Signature : _____	Telephone Number: _____
Date (DD/MM/YYYY): _____	Fax Number: _____

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