

Appendix B - Transfer Estimate and Acceptance Form

Nova Scotia Public Authority Pension Plans Reciprocal Transfer Agreement (DB)

Surname: _____ Given Name and Initials: _____

Social Insurance Number: _____

Date of application (date appendix "A" was received by the Importing Pension Authority): _____

Please proceed as follows:

- 1) **Check the data in Sections I and II. Please direct any questions on this data to the pension plan administrator of your present employer.**
- 2) **If you accept the transfer, complete Section III and return a copy of this form to the pension plan administrator of your present employer *within 60 days* from the date of this Appendix's covering letter.**

When the transfer is completed, your plan administrator will send you a revised participation statement.

Section I - Benefits from your Previous Employer (Exporting Plan)

1. Name of Employer _____

2. Registered Pension Plan Name _____

3. Periods of participation in plan: From _____ To _____

4. Total service credited:

a) Years of service credited for **eligibility** to benefits: _____

b) Years of service credited for **calculation** of benefits: _____

5. Annual pensionable salary at the date of termination: \$ _____

6. Pension split following a marriage breakdown (if applicable):

Exporting plan: please complete Appendix "F" and attach it to this form.

7. Sum of contributions with interest (if any) at the date Appendix "A" was received by the Importing Authority: \$ _____

8. Benefits available if you do not transfer:

a) Lump sum amount that could be transferred to an RRSP: \$ _____

Plus

b) Lump sum amount that could be transferred to a **locked-in** RRSP: \$ _____

or

c) Annual pension payable monthly at age of _____ : \$ _____

This pension is indexed during the deferred period. yes _____ no _____

For the Exporting Plan:

Name: _____ Title: _____ Contact # _____

Date: _____

Signature

Section II - Benefits from your Current Employer (Importing Plan)

1. Name of Employer: _____

2. Registered Pension Plan Name: _____

3. Date of enrollment in plan: _____

4. Annual pensionable salary on the date Appendix "A" was received by the Importing Pension Authority: \$ _____

5. a) Amount required by Importing Plan: \$ _____

b) Amount available from Exporting Plan: \$ _____

c) Difference required to receive full credit in the Importing Plan: \$ _____

6. You may elect to pay part or all of the difference (5.c) to the extent that such difference does not result from a pension split following a marriage breakdown.

As of the date of application, the amount you may elect to pay is: \$ _____

7. a) If you pay the amount indicated in (5.c), you will be credited with

1) _____ years of service for eligibility to benefits.

2) _____ years of service for calculation to benefits.

Any overlapping service cannot be credited twice and has been excluded: (_____ yrs of service).

7. b) If you elect not to pay the amount indicated in (5.c), you will be credited with

1) _____ years of service for eligibility to benefits.

2) _____ years of service for calculation of benefits.

Any overlapping service, cannot be credited twice and has been excluded: (_____ yrs of service).

A reduction of service resulting from a pension split following a marriage breakdown cannot be bought back (_____ years of service).

Date: _____ Prepared by: _____

Signature

Name: _____ Title: _____

Section III - Acceptance

I hereby agree to the transfer of the benefits **from**

Exporting Plan (Registered Name) _____
to

Importing Plan (Registered Name) _____

I understand that the estimates provided in Sections I and II have been calculated as of the date of application and that the final amounts will be determined at the date of transfer of funds to the Importing Plan. A confirmation of the transferred value and the service to which I am entitled will be provided to me at that time.

In consideration of the payment made by the Exporting Pension Authority, I hereby release the Exporting Pension Authority from any responsibility towards me regarding the service and benefits transferred under the agreement.

I also understand that if the amount transferred from the Exporting Plan is less than the amount required by the Importing Plan to recognize all the pensionable service credited to me under the Exporting Plan, I am entitled to purchase all or part of the shortfall, in a lump sum or in such other manner as the Importing Pension Authority may determine, in accordance with the applicable pension legislation.

Signed this _____ day of _____, 20 _____.

Applicant's Signature

Employee: Upon acceptance, please return this form to the pension plan administrator of your present employer.