



**All members entitled to a lump-sum benefit:**

If you break your service with the IWA-Forest Industry Pension Plan and elect to transfer your locked-in lump-sum benefit out of the plan, use this form to confirm the locked-in status of your funds. This form must be completed by your financial institution or agent. See reverse for instructions.

**SECTION A MEMBER INFORMATION**

Last name:	First name and initial(s):	Date of birth:																				
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D	D	M	M	M	Y	Y	Y	Y														
Individual locked-in account number with financial institution:																						

**SECTION B FINANCIAL INSTITUTION (TRANSFeree) INFORMATION**

Every provincial pension standards branch has an approved contract list of all registered financial institutions. The name of the financial institution listed below must be written exactly as it appears on the applicable approved contract list. See reverse for details.

Name of receiving registered financial institution:	
If applicable, registration name of agent for above financial institution:	
Address of receiving institution:	
Name of direct contact:	
Phone number of direct contact:	Fax number:

**SECTION C TRANSFEROR INFORMATION**

The IWA-Forest Industry Pension Plan	CRA registration number: 0373332
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**SECTION D AGREEMENT**

In consideration of a request from the member to transfer their pension funds to a locked-in retirement account, the transferee agrees and guarantees the following:

1. All monies resulting from this transfer and any subsequent transfers from the plan be locked-in for the provision of a life annuity as prescribed by the relevant provincial pension standards act.
2. That the transferee will ensure that any subsequent transfers to a locked-in retirement account is made subject to the same locked-in provision as the original transfer agreement in accordance with pension law.

**The transferee acknowledges that the transferor (the IWA-Forest Industry Pension Plan) is relying on the above representations and warranties to transfer the plan member's funds into the locked-in account indicated above.**

Signature of signing authority at financial institution	Name of signing authority at financial institution (please print)																				
Date:																					
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D	D	M	M	M	Y	Y	Y	Y													

# INSTRUCTIONS

**This form must be completed by the financial institution or agent only.**

1. Print NAME, DATE OF BIRTH and ACCOUNT NUMBER of the plan member.
2. Transfers can only be made to locked-in contracts whose registration name appears on the approved list issued by the pension standards branch in the province where the member last worked. It is the responsibility of the financial institution to obtain the appropriate approved contract list, available from the organizations listed below:

In British Columbia:	BC Pension Standards Branch .....	www.fic.gov.bc.ca
In Alberta:	Alberta Labour & Employment Pensions .....	Ph. 780.427.2756
In Saskatchewan:	Pension Benefits Branch.....	Ph. 306.787.7650
In Manitoba:	Department of Labour, Pension Commission.....	Ph. 204.945.2745

3. Once you have obtained a copy of the list, write the REGISTRATION NAME of your institution or agent EXACTLY AS SHOWN ON THE LISTING.
4. Write down the financial institution's address.
5. Write down the name, phone and fax number of a direct contact at the financial institution.
6. The form must be signed and dated by an authorized representative from the financial institution. The signing authority must also PRINT their name at the bottom right had corner.
7. Return to the IWA–Forest Industry Pension Plan Office with the other required documents:
  - *Break in service election form*
  - *T2151 - direct transfer request*
  - A photocopy of the plan member's *birth certificate* or other *proof of age documentation*
  - If necessary, *name change documentation* (eg. *marriage certificate*)
8. **All documents must be received by the Plan Office before the deadline specified on the member's statement.**