



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

If you break your service with the IWA-Forest Industry Pension Plan, use this form to transfer your lump-sum benefit to an RRSP, LIRA or Registered Pension Plan (RPP). Please note that we cannot process a transfer if this form is not completed correctly. Section A and B must be completed in whole.

**SECTION A | APPLICANT INFORMATION**

*You complete section A.*

Last name:		First name and initial(s):											
Mailing address:													
City:	Province:	Postal code:											
Phone number:	Social insurance number: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												

- Check one:
- I am a member of the IWA-Forest Industry Pension Plan.
  - I am a current or former spouse or a current beneficiary requesting a transfer because of the death of a pension plan member.
  - I am a former spouse requesting a transfer because of a marriage breakdown with a pension plan member.

**SECTION B | TRANSFER INFORMATION (to be completed by the receiving institution and signed by applicant)**

**TRANSFER FROM:** I request the direct transfer of my pension benefit from:  
IWA-Forest Industry Pension Plan, 2100-3777 Kingsway, Burnaby, BC V5H 3Z7  
CRA Registration Number: 0373332

**TRANSFER TO:** Name of receiving institution (*must be a Canadian bank, insurance company, trust company or credit union*):

*Have your financial institution complete section B.*

Applicant's account number:

- |  |  |
|--|--|
| <p><u>Funds to transfer (check all that apply):</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lump-sum</li> <li><input type="checkbox"/> Excess contributions</li> <li><input type="checkbox"/> Amount over the MTV</li> </ul> | <p><u>Applicant account type (check one):</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> RRSP</li> <li><input type="checkbox"/> RRIF</li> <li><input type="checkbox"/> RPP</li> </ul> |
|--|--|

Address of receiving institution:

Mailing address:		
City:	Province:	Postal code:

Employer's name (*only if transferring to member's own RPP*):

You sign and date here →

<b>Applicant's signature:</b>	<b>Date:</b> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">D</td> <td style="text-align: center; font-size: 8px;">D</td> <td style="text-align: center; font-size: 8px;">M</td> <td style="text-align: center; font-size: 8px;">M</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> </tr> </table>											D	D	M	M	Y	Y	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y	Y	Y												

**SECTION C TRANSFEROR CERTIFICATION** (to be completed by the Plan Office AFTER the funds are transferred)

Ignore section C.  
The Plan Office will complete this section once the transfer has taken place.

1. I confirm that \$  represents the applicant's whole entitlement in the IWA-Forest Industry Pension Plan.
2. I certify that \$  is transferred according to one of subsections 147(19) or 147.3.
3. A lock-in provision  applies  does not apply to \$  of the amount transferred from the IWA-Forest Industry Pension Plan, under the *BC Pension Benefits Standards Act* or another provincial pension benefits act (specify the Act below):

Name of Act:

<input type="text"/>
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I certify that the information given on this form is correct and complete.

Name of transferor: IWA-Forest Industry Pension Plan	Signature of Administrator:	Title:	Date: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>									D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y												

**SECTION D TRANSFEREE CERTIFICATION** (to be completed by the receiving plan AFTER the funds are transferred)

Ignore section D.  
Your financial institution will complete this section after the transfer has taken place.

1. We have received an amount of \$  and credited it to the applicant's account identified in section B.
2. The receiving plan or credited account is registered under the *Income Tax Act*.
3. We will administer the amount indicated in section C, Item 3 as a locked-in amount under the receiving plan or credited account.

I certify that the information given on this form is correct and complete.

Name of RRSP or LIRA issuer, DPSP trustee or RPP administrator:	Signature of authorized person:																
Title:	Date: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>									D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y										

**PRIVACY DISCLOSURE:** The Trustees of the IWA-Forest Industry Pension and LTD Plans (Plans) and their respective agents and employees, collect, use, disclose and exchange your personal information in order to administer the Plans including to process benefits, enforce the Plans' terms (including to collect overpayments or to investigate potential fraud), to audit employers' records and claims and to communicate with third parties such as employers, insurers, health care providers and financial institutions when reasonably necessary to administer the Plans. By signing this form you consent to such collection, use, disclosure and exchanges for these purposes, any other purposes set out in the Plans' respective Privacy Policies and as permitted or required by law.