

Locked -in Pension Transfer Agreement

A. Member Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Miss				Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Last Name		First Name		Middle Initial	Date of Birth (MM/DD/YY)
Social Insurance Number:					
Mailing Address:					
House/Apt. Unit No.	Street Name	Parish	Postal Code	Country	
Work Phone	Home Phone		Mobile Phone		
Work Email Address			Personal Email Address		
I am a former employee of _____ and a member of its pension plan.					
I understand that my pension benefits are vested and locked-in in accordance with the terms of that plan. I also understand that I am entitled to transfer the value of my locked-in pension to another approved pension plan. I agree that the locked-in amount transferred to the approved pension plan as specified below cannot be commuted surrendered, assigned or pledged and must be used to provide me with a lifetime pension, on or after my retirement in accordance with the terms of the approved plan.					
Member's Signature				Date (MM/DD/YY)	

B. To be Completed by New Plan Administrator (Transferee)

Name of Prescribed Retirement Product/Plan or new Employer		Type of Product /Plan			
Company Name		<input type="checkbox"/> Life Income <input type="checkbox"/> Locked-in <input type="checkbox"/> Other (specify) _____			
Company Address					
Unit No.	Street Name	Parish	Postal Code	Country	
Contact Person:					
Type of Provider					
<input type="checkbox"/> Bank	<input type="checkbox"/> Insurance Company	<input type="checkbox"/> Trust Company	<input type="checkbox"/> Other (specify) _____		
We agree that the locked-in amount transferred to this plan cannot be commuted, surrendered, assigned or pledged and must be used to provide a pension at retirement.					
Authorized Agent <i>(please print)</i>			Telephone Number		
Authorized Signature			Date (MM/DD/YY)		

C. To be Completed by Current Plan Administrator (Transferor)

Date Agreement Received (MM/DD/YY)					
Value of Account	@	Employer	\$		
		Employee	\$		
		Voluntary	\$		
		Total	\$		
Authorized Signature			Date (MM/DD/YY)		
Please send completed forms to Argus Pensions via fax (441) 296-7920 or email pensions@argus.bm					