



RECIPROCAL TRANSFER AGREEMENT WITH TEACHERS' PENSION PLAN AUTHORITIES

This information sheet provides information as to whether you may be eligible to transfer a benefit under the terms of the Reciprocal Transfer Agreement between the Teachers' Pension Plan Authorities.

PARTICIPATING AUTHORITIES

Alberta

Alberta Teachers' Retirement Fund Board
600 Barnett House
11010 142 Street NW
EDMONTON AB T5N 2R1
(780) 451-4166
1-800-661-9582

British Columbia

BC Pension Corporation
Teachers' Pension Plan Administration
PO Box 9460
VICTORIA BC V8W 9V8
(250) 953-3022
1-800-665-6770 (Toll free in BC)

Manitoba

Manitoba Teachers' Retirement Allowances Fund Board
Johnston Terminal 330 - 25 Forks Market Road
WINNIPEG MB R3C 4S8
(204) 949-0048
1-800-782-0714

Newfoundland

Newfoundland and Labrador Teachers' Pension Plan
Department of Finance
PO Box 8700
ST. JOHN'S NL A1B 4J6
(709) 729-7901

New Brunswick

Province of New Brunswick
Office of Human Resources, Pension Division
PO Box 6000 Kings Place, Room 680
FREDERICTON NB E3B 5H1
(506) 453-2296
1-800-561-4012 (Toll Free in NB only)

Nova Scotia

Province of Nova Scotia
Pension Services Group
1723 Hollis St PO Box 371
HALIFAX NS B3J 2P8
(902) 424-5070
1-800-774-5070 (Toll Free in NS only)

Ontario

Ontario Teachers' Pension Plan Board
5650 Yonge St
TORONTO ON M2M 4H5
(416) 226-2700
1-800-668-0105

Prince Edward Island

Teachers' Superannuation Commission of PEI
PO Box 2000
CHARLOTTETOWN PEI C1A 7N8
(902) 368-4623

Quebec

Commission administrative des regimes de retraite et d'assurances
475 Rue Saint-Amable
QUEBEC QC G1R 5X3
(418) 644-8653
1-800-463-5533

Saskatchewan

Saskatchewan Teachers' Federation
Saskatchewan Teachers Retirement Plan
2317 Arlington Ave
SASKATOON SK S7J 2H8
(306) 373-1660
1-800-667-7762

Saskatchewan Teachers' Superannuation Commission
RM 129, 3085 Albert St
REGINA SK S4S 0B1
(306) 787-6440
1-877-364-8202

ELIGIBILITY REQUIREMENTS

- You are currently an active member of the importing pension plan. **NOTE:** If you are transferring to ATRF, you may be eligible to transfer if you ceased to be an active member with ATRF on or after February 1, 1995 but before July 28, 2001.
- If you are transferring from ATRF you must have ceased to be an active member with ATRF on or after February 1, 1994, unless the Importing Plan is the British Columbia Teachers' Pension Plan (BCTPP). If the Importing Plan is the BCTPP, you must have ceased to be an active member with ATRF on or after February 1, 1995.
- You have ceased to occupy a position with the exporting pension plan and are not an active member of the exporting pension plan.
- You have been participating under the importing pension plan for any portion of a day in each of at least 20 days.
- You have pensionable service with the exporting pension plan.
- You are not in receipt of a pension from either the importing or exporting pension plan.

REQUIRED DOCUMENTS

- Two copies of the Transfer Application Form are attached – complete both and send one to the importing pension plan and the other to the exporting pension plan.
- Your official birth certificate (original **or** certified copy), as evidence of your age.
- Your marriage certificate (original **or** certified copy), **or** other official change-of-name document, if your name is currently different from your birth certificate.

A listing of those persons who are authorized to certify photocopies of original documents is on the reverse side of the transfer application form.

PROCESS & DETAILS ABOUT THE TRANSFER

- You must send a completed Transfer Application Form to both the importing and exporting pension plans.
- The amount available for transfer is equal to the actuarial value of the exporting pension plan's benefit.
- The amount requested by the importing plan will be equal to the actuarial value of the service to be credited.
- If the amount available for transfer by the exporting pension plan is less than the amount requested by the importing plan, the importing plan will credit you with a portion of the service. You will have the opportunity to purchase any shortfall in service. If you decide not pay the difference, your pensionable service will be reduced proportionately.
- You will be asked to approve the transfer of funds, by signing a "Transfer Estimate and Acceptance Form" within 60 days of being provided with detailed transfer and benefit information.

ONCE THE TRANSFER HAS BEEN COMPLETED

- The service is no longer to your credit with the exporting pension plan, and no benefit is payable.
- The benefit available to you from the importing pension plan will be paid according to its provisions.
- You will be credited with the contributions that represent your employee contributions as reported by the exporting pension plan.



Appendix "A" Transfer Application Form

Table with 3 columns: NAME, ADDRESS, CITY and 3 rows: Personal info, Social Insurance/ID, Home/Work Telephone Numbers.

POSTAL CODE Area Code Area Code

EXPORTING PLAN _____

IMPORTING PLAN _____

PERIOD TO BE TRANSFERRED FROM _____ TO _____

PRESENT EMPLOYER _____

DATE OF EMPLOYMENT WITH PRESENT EMPLOYER _____

LAST FORMER EMPLOYER WHILE PARTICIPATING IN THE EXPORTING PLAN

Is there a Matrimonial Property Order between you and your spouse dividing your benefits under the Exporting Plan? (If you have never been legally married, this section does not apply to you so you should check not applicable)

- YES NO Not applicable

I hereby request that the Pension Authorities of the Exporting and Importing Pension Plans submit for my consideration two (2) copies of a transfer estimate under the reciprocal transfer agreement between the Pension Plans.

I certify that I am a member of the Importing Plan and have participated in the Importing Plan for at least 20 days after ceasing to be an Active Member of the Exporting Plan and before the date of this application.

I hereby authorize both the Exporting Plan and the Importing Plan to release to each other the information necessary to calculate the amount transferable, including my social insurance number and any information relevant to the processing of this application.

DATE _____ APPLICANT SIGNATURE _____

A signed copy of this Application must be returned to both the Importing and Exporting Pension Plan Authorities.



CERTIFYING COPIES OF CERTIFICATES

When you are applying for a benefit from Alberta Teachers' Retirement Fund (ATRF), i.e. a pension or termination benefit, or if you have applied to purchase or transfer service, you are required to provide a certified copy of your birth certificate. This is required in order to verify your date of birth which is used in the calculation.

Depending on the type of application you are making, you may also be asked to provide certified copies of your spouse/pension partner's birth certificate and your marriage certificate, if applicable. Your spouse/pension partner's birth certificate is required in order to verify his/her date of birth for the Joint Life and Last Survivor pension options. The marriage certificate is required to provide a name history and to verify your status as being legally married. In common-law situations, ATRF will provide a Statutory Declaration form for you to complete to verify the duration of your common-law relationship. Certain other certificates may be required for death benefit purposes if the member did not have a spouse/pension partner.

ATRF will accept certified copies of original documents from the following people:

- ATRF Staff
- Your ATRF Employer – Human Resources or Payroll Personnel
- Bank Managers
- Notaries
- Lawyers
- Police Officers
- Doctors
- Members of Parliament
- Members of the Legislative Assembly
- Justices of the Peace
- Judges

NOTE: A Commissioner for Oaths, under the Commissioner for Oaths Act, may not certify documents.

When any of the above listed persons are certifying a document, ATRF requires their signature, printed name, title and date to appear on the certified copy as shown below:

This is a certified copy of the original

John Smith
Payroll Officer, Edmonton Public
June 22, 2009



Appendix "A" Transfer Application Form

NAME	Previous Names (if different)	Date of Birth (YYYY/MM/DD)
ADDRESS	Social Insurance Number or Member Identification No.	___ MALE ___ FEMALE
CITY	Home Telephone Number (____) _____	Work Telephone Number (____) _____

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