

APPLICATION AND AUTHORIZATION TO TRANSFER-IN

To commence transfer-in, you must:

- Complete one Application and Authorization Transfer-in form for each account being transferred-in.
- Complete one Direct Transfer (T2033 or T2151) form and provide all necessary supporting documents to us via email, fax or mail to the address above.

For office use only	
<input type="checkbox"/>	Age 71
<input type="checkbox"/>	Variable Benefit payments
	New investment instructions <input type="checkbox"/> yes <input type="checkbox"/> no
	Restructure required <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/>	MB Unlocking
<input type="checkbox"/>	Age 55
<input type="checkbox"/>	Age 65
	Notes added to member file <input type="checkbox"/> yes

Section A: Member information

Social Insurance Number <u>OR</u> Member ID			
Last name	First name	Initial	Birthdate (dd/mm/yyyy)
Address (Street address or PO Box number)		(City/Town)	(Province) (Postal Code)
Home/cell phone		Work/other phone	
Email		Email type <input type="checkbox"/> Work/other <input type="checkbox"/> Home	

Section B: Receiving pension plan

Name of receiving pension plan	Account number
The Co-operative Superannuation Society (CSS) Pension Plan	0345868
Address (Street Address/PO Box number) (City/Town) (Province) (Postal Code)	
Fifth floor, 333 - 3rd Ave. N. PO Box 1850 Saskatoon SK S7K 3S2	

Section C: Transfer information

Name of financial institution	Account number
Address (Street address or PO Box number) (City/Town) (Province) (Postal Code)	
Type of account (check only one): <input type="checkbox"/> RRSP <input type="checkbox"/> LIF <input type="checkbox"/> LRIF <input type="checkbox"/> DPSP <input type="checkbox"/> Group RRSP <input type="checkbox"/> RLIF <input type="checkbox"/> LRSP/LIRA <input type="checkbox"/> RPP <input type="checkbox"/> pRRIF (SK) <input type="checkbox"/> pRRIF (MB)	

The funds are subject to the following pension legislation (if applicable):

<input type="checkbox"/> BC	<input type="checkbox"/> SK	<input type="checkbox"/> ON	<input type="checkbox"/> NS
<input type="checkbox"/> AB	<input type="checkbox"/> MB	<input type="checkbox"/> QC	<input type="checkbox"/> Federal

The estimated amount of funds to be transferred is: \$ _____

I have attached the most recent copy of my account statement held with the above institution.

Section D: Investment instructions

I hereby instruct these funds to be invested as follows (must total 100%)*

Balanced Fund*	%	Bond Fund	%
Equity Fund	%	Money Market Fund	%

*If investment instructions are not provided above, the funds will be invested in the CSS Pension Plan's default fund, the Balanced Fund.

Section E: Deposit instructions

I hereby instruct these funds to be deposited into my (check one):

CSS contribution account, in a transfer-in sub-account

CSS Variable Benefit account (only applicable if VB account has been established)*

**If selected, and no VB account has been established, the funds will be deposited into the member's "Contribution account, in a transfer-in sub-account".*

**If selected, and a VB account has been established, the investment instructions provided in Section D will apply to the funds when received and when moved to the VB account.*

Section F: Acknowledgement

By completing and signing this form, I hereby:

- ▶ Request this transfer from the institution mentioned in Section C, to my CSS Pension Plan account.
- ▶ Authorize CSS to follow up directly with the institution on the transfer outlined herein.
- ▶ Declare that the information set out in this form is accurate, true and complete.
- ▶ Understand that it is my sole responsibility to ensure that the transfer forms have been completed accurately and in full. Any omissions or errors may result in delays due to rejection by the relinquishing institution.

Further, I acknowledge:

- ▶ The transfer is "in cash" and I authorize the liquidation of all my investments held in the above account number with the above institution.
- ▶ I agree to pay any applicable fees, charges, or adjustments required to be paid prior to delivery of the funds to CSS.

I acknowledge that the funds transferred, in accordance with my investment instructions:

- ▶ Will be invested in the Balanced Fund, the CSS Pension Plan's default fund, unless I instruct otherwise herein.
- ▶ Will become subject to the CSS Pension Plans Rules and Regulations.
- ▶ Without restricting the generality of the foregoing, I acknowledge that these funds once transferred into the CSS Pension Plan cannot be withdrawn or transferred while I am an active contributing members of the CSS Pension Plan.

Signature of member

Date:

Privacy notice: Personal information on this form is collected under the authority of relevant privacy legislation for pension administration purposes. Please review the Privacy Policy as posted to the CSS Pension Plan's website. If you have questions regarding the collection of this information, write to:

CSS Pension Plan

ATTN: Privacy Officer
5th Floor - 333 3rd Avenue N
PO Box 1850
Saskatoon, SK S7K 3S2

Section G: For office use only

Effective date of transfer (dd/mm/yyyy)	Received from:
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Transfer in Type:	Jurisdiction:
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Locked \$:	Non Locked \$:
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Apply to Equity = No

Transfer completed by:	Checked by:
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