



INDIVIDUAL TRANSFER REQUEST – DEFINED CONTRIBUTION PLAN

Name of Member: _____

Account Number: _____ Date of Birth: _____
(Day/month/year)

I understand that I am entitled to benefits under the _____
(Name of the Transferring Pension Plan)

in relation to my employment with _____
(Name of the Employer)

My last period of employment ended on _____
(Day/month/year)

I understand that I can leave my benefit in the Transferring Pension Plan where it will continue to accrue interest until I retire or transfer the current value of the accumulated contributions plus interest made by me and by my previous employer for me.

I wish to transfer the accumulated contributions plus interest to the following Pension Plan:

(Name of the Receiving Pension Plan)

The Administrator of the Receiving Pension Plan is _____

who is willing to accept this transfer, as confirmed by that Administrator signing this form below.

In consideration of this payment, I hereby discharge the Administrator of the Transferring Pension Plan from all further liability whatsoever in respect of my membership of the Transferring Pension Plan for the period of employment that ended on the date shown above.

Authorised Signature of the Administrator of the Receiving Pension Plan

Signature of Member

Print Name of Signatory in Block Letters

Name of Member in Block Letters

Date Signed - (Day/month/year)

Date Signed - (Day/month/year)