

\_\_\_\_\_  
 First Name                      Last Name                      Last 4 SIN                      Date of Birth

Address 1 \_\_\_\_\_ City \_\_\_\_\_  
 Address 2 \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Personal Email Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Phone Number (Alternate) \_\_\_\_\_  
 Participating Employer \_\_\_\_\_

(Please refer to reverse for more information)

Annual Current Salary: \_\_\_\_\_

### SERVICE TO BE TRANSFERRED

Employer	Start of Period	End of Period	Total Hours Worked	Employers Daily Full-time Hours

I, confirm, and I have verified with the employee, that the above information is complete, accurate and up-to-date. Please note that Provident<sup>10</sup> pension systems will be updated to reflect the information contained in this form.

\_\_\_\_\_  
 Date                                      Employer Representative Name                                      Employer Phone Number

**(Please submit this form electronically to [pensions@provident10.com](mailto:pensions@provident10.com) using Kiteworks or another secure, encrypted method.)**

The personal information collected or provided will only be used for purposes relating to the operation of the relevant pension programs and for statistical reports. All information will be kept confidential and will not be disclosed to third parties without your consent unless required or authorized by law. If you have any questions or concerns, please contact Provident<sup>10</sup>.

Please note:

1. As per the terms of the Reciprocal Transfer Agreement between the Government Money Purchase Pension Plan (GMPP) and the Public Service Pension Plan (PSPP), this application must be completed by the current employer when a plan member requests to transfer service between the GMPP and PSPP.
2. For transfers from the GMPP to the PSPP, all columns in the section “Service to Be Transferred” must be completed. If not, the application will be deemed incomplete and cancelled. This could result in less service credited and/or less monies available for transfer from the GMPP. If the application is cancelled, a new GMPP Transfer Application will be required to request the transfer of GMPP service in future.
3. For transfers from the PSPP to the GMPP only columns “Employer” and “Period” in the section entitled “Service to Be Transferred” are to be completed.
4. If the GMPP service to be transferred did not occur with the current employer, the employer with whom the service accrued must complete the supplement document, “*Verification of (GMPP) Service Form*”. For submission and processing purposes, it is both the plan member's and employer's responsibility to ensure that the completed supplement document accompanies the transfer application. Failure to provide both documents will result in the application being deemed incomplete and cancelled. If the application is cancelled, a new GMPP Transfer Application and a new Verification of Service Form will be required to request the transfer of GMPP service in future.
5. To be eligible to transfer service from the GMPP to the PSPP, you must be an employee, as defined by the the Plan Text.
6. Provident<sup>10</sup> will update the pension administration system to reflect the information contained on the application and supplement document (if applicable).