

Employee Personal information

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) _____

I contributed to the GMPP while employed with _____
 Participating Employer:

Period of employment while contributing to GMPP From: _____ To _____
 Start Date End Date

**TO BE COMPLETED BY PREVIOUS EMPLOYER
 SERVICE ELIGIBLE FOR TRANSFER**

Start of GMPP Period	End of GMPP Period	Total Hours Worked	Employers Daily Full-time Hours	Contributed to GMPP

I, confirm, and I have verified with the employee, that the above information is complete, accurate and up-to-date. Please note that Provident¹⁰ pension systems will be updated to reflect the information contained in this form.

Employer Representative Name _____ Phone Number _____ Date Submitted _____

This form is for confirmation of service to be transferred from the GMPP. An Appendix A must be submitted to transfer service to the GMPP.

Please return completed form to plan member

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 Provident¹⁰.

Please Note:

1. Each previous employer with whom the plan member, while employed, contributed to the Government Money Purchase Pension Plan (GMPP) are required to complete a Verification of GMPP Service form for GMPP service that has not been previously transferred to the Public Service Pension Plan (PSPP) or refunded. Current employers are only required to complete an Appendix "A" Form.
2. Each previous employer must ensure the accuracy of the dates for each period of eligible service to be transferred.
3. Please return the completed Verification of GMPP Service form to the plan member. **Please do not return the form directly to Provident¹⁰.** A Verification of GMPP Service form must accompany an Appendix "A" Form for the transfer request to be considered complete. Without the verification form, the Appendix "A" Form will be deemed incomplete and the request cancelled.