

PERSON ID

**Public Service Pension Plan**

 PO Box 9460  
Victoria BC V8W 9V8

 Web **pspp.pensionsbc.ca**

Toll-free (Canada/U.S.) 1-800-665-3554

LAST NAME	NAME		
ADDRESS (include unit number, if applicable)	CITY	PROVINCE	POSTAL CODE

**Plan member instructions**

- **If you have any questions about this form, contact us at the pension plan.**
- This form is required if you are transferring funds from your Registered Retirement Savings Plan (RRSP) to your Registered Pension Plan (RPP) administered by the Pension Corporation.
- Take this form to your financial institution. If you will be dealing with more than one financial institution, make a copy of this form for each one. Direct each financial institution to forward the completed form, along with the payment, to the pension plan.
- **Transfers can take up to eight weeks.** Ensure you take this form to your financial institution with sufficient time to meet the payment due date. Payments received after the due date will not be accepted.
- Advise your financial institution which funds to transfer. Failure to do so may cause a delay in processing and may result in you having to re-apply to purchase service.
- Ensure that your financial institution deducts service fees before transferring the exact amount.

**RRSP administrator instructions**

- **Contact the plan member if you have any questions regarding the details of this transfer.**
- Forward completed form, with cheque attached, to the pension plan.
- RRSP must be in plan member's name before money can be transferred.

PLAN NO.	RRSP PLAN NAME
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RRSP ISSUER NAME

RRSP ISSUER ADDRESS (include unit number, if applicable)	CITY	PROVINCE	POSTAL CODE
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AMOUNT TO BE TRANSFERRED

Please transfer the lump sum of (net of fees) \$

**Public Service Pension Plan/transferee information**

- When the Public Service Pension Plan receives the lump sum payment, we will credit it to the plan member under the plan as a direct transfer.
- The plan is registered under the *Income Tax Act*.
- The name of the transferee is the Public Service Pension Plan.

PLAN MEMBER SIGNATURE	DATE SIGNED YYYY-MM-DD
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*Freedom of Information and Protection of Privacy Act*—The personal information on this form is collected under the authority of the *Public Sector Pension Plans Act* and will be used by the BC Pension Corporation to administer a plan member's pension and other non-pension benefits. If you have any questions about the collection and use of this information, contact the privacy officer at PO Box 9460, Victoria BC V8W 9V8 or by telephone at 250-387-1002.