ONTARIO TEAMSTERS MULTI LOCAL PENSION TRUST FUND
LOCAL 847 DIVISION

Canada Revenue Agency Registration Number 0278408

TRANSFER FORM

APPLICANT'S REGISTERED RETIREMENT SAVINGS PLAN NUMBER: _____

Application having been made and received for a Registered Retirement Savings Plan, for funds being transferred from a Registered Pension Plan governed by Federal and/or The Pension Benefits Act of the Applicant's Province of Employment and its Regulations, requiring that these funds are only available in the form of a Life Annuity, or Death Benefit. Any conditions applicable to these funds under such Pension Benefits Act and its Regulations are not changed by reason of such transfer.

DECLARATION BY FINANCIAL INSTITUTION

The Financial Institution acknowledges the above, and in consideration of the issuing of the Registered Retirement Savings Plan for the funds being transferred agrees to administer these funds in accordance with the provisions under the Pension Benefits Act of the Applicant's Province of Employment and its Regulations and which include but are not limited to the conditions stated on the reverse side of this Transfer Form.

Signed at _____ this _____ day of _____ 20 _____

_____
Signature of Officer of Financial Institution

_____
Name of Financial Institution

_____
Address of Financial Institution

_____

_____

_____

Applicant's Province of Employment _____ONTARIO_____

DECLARATION BY APPLICANT

I, _____ Social Insurance Number _____ acknowledge the foregoing, and in consideration of the transfer to a Registered Retirement Savings Plan, on my behalf, of the "LOCKED-IN" funds covered by this Application and formerly held in a registered pension plan, of which I was a member, in the amount of $_____ agree that the value of said "LOCKED-IN" funds shall not be available to me in any other form than an annuity based on life contingencies and shall continue to be subject to the provisions of the Pension Benefits Act of my Province of Employment and its Regulations and which include but are not limited to the conditions stated on the reverse side of this Transfer Form. This Transfer Form forms part of the Registered Retirement Savings Plan.

Signed at _____ this _____ day of _____ 20 _____

_____ _____
Witness to Applicant's Signature Applicant

RETURN TO: ONTARIO TEAMSTERS MULTI LOCAL PENSION TRUST FUND
ADMINISTRATION OFFICE
2255 Sheppard Ave. E, Atria 1, Suite 201, Toronto, ON M2J 4Y1

READ TRANSFER CONDITIONS ON REVERSE SIDE BEFORE COMPLETION

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TRANSFER CONDITIONS

The funds covered by this Application and the Financial Institution shall be subject to the provisions of The Pension Benefits Act of the Applicant's Province of Employment and its Regulations. The relevant provisions include but are not limited to the following conditions:

1. The Applicant shall not have the right to deregister the Registered Retirement Savings Plan.

2. The Applicant shall not have the right to modify in any way the terms and conditions of the Registered Retirement Savings Plan applied for which would result in its disqualification.

3. That such funds shall, subject to subsection (6), not be capable of assignment or commutation, other than in the form of a Death Benefit in respect of an Applicant, who as of his/her date of death, has no surviving spouse or common-law spouse.

4. The Financial Institution shall not allow any transfer of such funds to another financial institution unless such other financial institution and the Applicant agree to the same Transfer Conditions as contained herein.

5. The Life Annuity payable to the Applicant if married or party to a common-law relationship at the time the annuity payments begin shall be a joint pension payable during the lives of the Applicant and the spouse or common-law spouse as prescribed in the Pension Benefits Act of the Applicant's Province of Employment and its Regulations.

6. Upon marital break-up, the funds so transferred shall be divided between the spouses or common-law spouses in the manner prescribed in the Pension Benefits Act of the Applicant's Province of Employment and its Regulations.

7. The financial Institution shall not provide or permit
    a. a different amount of Life Annuity or Death Benefit or
    b. different options as to the Life Annuity or Death Benefit with respect to such funds, based on differences in sex.

8. The Financial Institution shall abide by and comply with the provisions relevant to the Applicant and such funds under The Pension Benefits Act of the Applicant's Province of Employment and its Regulations as they exist from time to time.

INSTRUCTIONS

The following points may help in the completion of the Transfer Form:

1. The Financial Institution is a trust company, bank, insurance company or such other corporation which has been authorized to issue Registered Retirement Savings Plans under Section 146 of the Income Tax Act of Canada.

2. Only an officer of the Financial Institution may complete the upper half of the Transfer Form.

3. The Applicant must complete the lower half of the Transfer Form.

4. When all sections are fully completed, the Transfer Form should be forwarded to the Ontario Teamsters Multi Local Pension Trust Fund within 30 days of the date of transfer of the "Locked-In" funds.

5. Parties involved in the transfer of the "Locked-In" pension funds should retain copies of this Transfer Form for future reference.

Privacy Statement: The Plan will collect, maintain and communicate only the Personal Information considered necessary for the administration of the Plan. Personal Information will be protected pursuant to the applicable legislation. The Plan may use and exchange information with relevant persons and organizations including the Trustees, institutions, investigative agencies, unions, insurers, re-insurers, auditors, legal counsel, actuaries, payroll/payment providers and regulatory authorities in order to manage the Plan and entitlement to the benefits of the Plan. Questions related to the Privacy Policy should be directed to the Benefit Administration Office.