

# DBprime Service purchase application

## Transfer from a former employer's pension plan

This form provides the CAAT Pension Plan with the information required to produce a quote for the cost to purchase service earned with a Canadian registered pension plan, of which you are a former member. The quote process cannot be completed until this form has been submitted to the Plan.

If you have questions, contact the CAAT Pension Plan at [member@caatpension.on.ca](mailto:member@caatpension.on.ca) or call us at 416.673.9000 (Toll-Free 1.866.2228).

**Step 1:** Complete **Section A – Member Information**.

**Step 2:** Give this form to a representative of your previous employer/registered pension plan and have them complete **section B, C and D**, and return the form to you.

- **Note** that even if the value of your benefit has been transferred out, the representative from your previous pension plan must complete **section C** in order that we may provide you with the quote for the cost of the purchase.

**Step 3:** Give the form to your current participating employer. For confidentiality, you may wish to give them page 3 only. They will return the form to you.

**Step 4:** Mail or fax all 3 pages of the completed and signed form, along with your **proof of age documents** to the CAAT Pension Plan.

- Acceptable proof of age includes any government issued identification (federal or provincial) that clearly shows the card holder's date of birth, excluding health cards (e.g. passport, birth certificate, citizenship card, driver's license).

### A Member information - Completed by member

Last name		First name	Initial	Social Insurance Number
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Language preference	Email address		Phone number	
<input type="checkbox"/> English <input type="checkbox"/> French	<input type="text"/>		<input type="text"/>	
Mailing address				
<input type="text"/>				
Member Signature			Date (dd-mmm-yyyy)	
<input type="text"/>			<input type="text"/>	

### B Previous employer/registered pension plan information - Completed by previous employer/registered pension plan

Employer name	Employer pension plan name (if different)	Plan registration number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing address		
<input type="text"/>		
Plan Type		
<input type="checkbox"/> Defined Benefit	<input type="checkbox"/> Defined Contribution	
Member status	For part-time members, please indicate the start and end dates for any breaks in service	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time	<input type="text"/>	
Date of member enrolment	Date of termination of membership	Total pensionable service
<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the member still entitled to a benefit from your plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, what is the amount available for transfer?	\$ <input type="text"/>	
If NO, how was the benefit paid out?*	<input type="checkbox"/> Transfer to a LIRA	Amount Paid: \$ <input type="text"/>
	<input type="checkbox"/> Cash	Amount Paid: \$ <input type="text"/>

\*Note that since the benefit is no longer in the pension plan, only service that occurred after 1991 can be purchased in the CAAT Plan. The CAAT Plan will exclude all service that occurred prior to 1992 from the purchase.



**D Previous employer/pension plan authorization** - Completed by previous employer/pension plan

Provide your contact information, sign and date the form.  
Return the form with your sections completed to the member named in Section A.

By signing this application, you confirm that you are a representative of the employee's previous pension plan and that you are willing to transfer the funds if they currently remain in your plan.

**Date your office  
received this application:** \_\_\_\_\_

Name			Title		
Phone	Fax	Email			
Signature			Date		

**E Current CAAT Plan employer information** - Completed by current employer

Current CAAT Plan employer name  
\_\_\_\_\_

Member's current salary rate:  
\_\_\_\_\_

Employer HR Representative signature	Date
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