



Canada Post Corporation Registered Pension Plan

FORM 3

**APPLICATION TO TRANSFER PENSION BENEFIT CREDITS
UNDER SECTIONS 16.4 AND 26 OF THE
PENSION BENEFITS STANDARDS ACT, 1985**

Use this form for transfers from the Canada Post Corporation Registered Pension Plan (the Plan) to a prescribed locked-in retirement savings vehicle, to another registered pension plan, to a pooled registered pension plan or to purchase a life annuity.

1. Applicant
(to be completed by you)

I _____, am a member or survivor of a member (_____),
(print your full name) (If survivor, print full name of Plan member)

of the registered pension plan known as Canada Post Corporation Registered Pension Plan.

Member's employee no. _____

I apply to:

2. Transfer or Purchase
(to be completed by you - please put a checkmark (✓) in the appropriate box below)

<input type="checkbox"/>	transfer my pension benefit credit to a locked-in registered retirement savings plan of the kind described in section 20 of the <i>Pension Benefits Standards Regulations, 1985</i> ;
<input type="checkbox"/>	transfer my pension benefit credit to a life income fund of the kind described in section 20.1 of the <i>Pension Benefits Standards Regulations, 1985</i> ;
<input type="checkbox"/>	transfer my pension benefit credit to a restricted life income fund of the kind described in section 20.3 of the <i>Pension Benefits Standards Regulations, 1985</i> ;
<input type="checkbox"/>	use my pension benefit credit to purchase an immediate life annuity of the kind described in section 21 of the <i>Pension Benefits Standards Regulations, 1985</i> ;
<input type="checkbox"/>	use my pension benefit credit to purchase a deferred life annuity of the kind described in section 21 of the <i>Pension Benefits Standards Regulations, 1985</i> ; or
<input type="checkbox"/>	transfer my pension benefit credit to a pension plan of which I am currently a member (subject to Plan rules), which is known as _____ (print name of registered pension plan where funds will be transferred)
<input type="checkbox"/>	transfer my pension benefit credit to a Pooled Registered Pension Plan (PRPP)

3. Signatures

(to be completed by you and a witness)

Signature of member or survivor of a member_____
Name of member or survivor of a member (print full name)_____
Signature of witness_____
Name of witness (print full name)_____
Address of witnessSigned at _____ on the _____ day of _____, _____
(city and province) (day) (month) (year)**4. Confirmation of the request received by the financial institution for**

(To be completed by your financial institution - please put a checkmark (✓) in the appropriate box below. Note: the financial institution does not have to complete this section for a transfer of funds to another registered pension plan or PRPP.)

<input type="checkbox"/>	a transfer of the funds to a locked-in registered retirement savings plan of the kind described in section 20 of the <i>Pension Benefits Standards Regulations, 1985</i> ;
<input type="checkbox"/>	a transfer of the funds to a life income fund of the kind described in section 20.1 of the <i>Pension Benefits Standards Regulations, 1985</i> ;
<input type="checkbox"/>	a transfer of the funds to a restricted life income fund of the kind described in section 20.3 of the <i>Pension Benefits Standards Regulations, 1985</i> ;
<input type="checkbox"/>	the use of the funds to purchase an immediate life annuity of the kind described in section 21 of the <i>Pension Benefits Standards Regulations, 1985</i> , the funds of which shall be only used to purchase another immediate life annuity that meets the requirements of those Regulations; or
<input type="checkbox"/>	the use of funds to purchase a deferred life annuity of the kind described in section 21 of the <i>Pension Benefits Standards Regulations, 1985</i> .

5. Signatures

(to be completed by you and your financial institution)

Signature of applicant (to be completed by you)_____
Name of applicant (to be completed by you - print full name)_____
Signature of officer of financial institution_____
Name of financial institutionSigned at _____ on the _____ day of _____, _____
(city and province) (day) (month) (year)