

## **DBplus purchase application**

## Transfer in of funds related to a former employer's pension plan

**Note:** Date format is dd-mmm-yyyy for all date fields

Use this form if you were a member of either a defined benefit or defined contribution Canadian Registered Pension Plan through a former employer that does not participate in the CAAT Pension Plan, and you want to transfer your funds to purchase additional pension under DBplus. If you were a member of a defined benefit plan, to complete the purchase, your benefit with your former pension plan must be transferred to a registered retirement savings account, such as an RRSP, before you can transfer your funds to the CAAT Plan. In all cases, funds for your purchase must come from a registered retirement savings account.

This form provides the CAAT Plan with the information required to calculate the maximum you can purchase, and the amount of pension you will receive as a result of the purchase. If you have questions, contact the CAAT Pension Plan at member@caatpension.on.ca or call us at 416.673.9000 (Toll-Free 1.866.350.2228).

- 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.
- Step 3: Mail or fax the completed and signed form, along with your proof of age document 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 – comp	aleted by me	mher				
Last name	neted by me	First name		Initial	Social Insurance Number	
Date of birth La	nguage pref	erence French	Current employer		Enrolment date	
Email			Phone number			
Mailing address						
N	/lember Sign	ature	Date			
B Previous employer/registered	l pension pla	n information –	Completed by previous e	mployer or registered p	ension plan	
Employer name		Employer p	Employer pension plan (if different)		Plan registration number	
Mailing address						
Date of member enrolment	Date o	of termination of	membership	Plan type	it defined contribution	
Has the benefit been paid out of the	ne plan?	Yes Amour	nt paid out: \$		Date paid out:	
		No				
<b>Note:</b> If you were a member of a de Registered Pension Plan), you will r purchase additional pension with the	need to trans	fer your funds to	•		rious plan (i.e. is still held by your former an RRSP or LIRA, before you can	
In addition, only employment perio	ds that occu	rred after 1991 c	an be purchased in the CA	AAT Plan.		

Tel: 416.673.9000 Toll Free: 1.866.350.2228 Fax: 416.673.9028

Member last name Member first name Initial Social Insurance Number

## C Salary information - Completed by previous employer or registered pension plan

For each calendar year of membership, indicate the employment period and the member's earnings.

Year	From (month/day)	To (month/day)	T4 earnings (excluding taxable benefits)	

Member last name Member first name Initial Social Insurance Number

D Previous employer / pension plan author	ization - Completed by prev	lous employer or registi	ered pension plan	
Provide your contact information, sign and date Return the form with your sections completed		ction A.		
By signing this application, you confirm that yo	u are a representative of the	employee's previous p	pension plan.	
Date your office received this application				
Name		Title		
Phone	Fax		Email	
Signature			Date	