



LOCKED-IN TRANSFER AGREEMENT

Name of Transferring Registered Pension Plan: **Contributory Pension Plan for Salaried Employees of McMaster University Including McMaster Divinity College 2000 (the "Plan"), Ontario Registration Number 1079920**

Name of Transferring Participant: _____

ID Number of Transferring Participant: _____

Amount to be Transferred: _____ (plus interest, if any)

Earliest Date for Receipt of Pension Benefits: _____

Name of Recipient Plan: _____

Account No. or Policy No: _____

Name and address of Recipient Plan to whom transfer cheque should be forwarded:

WHEREAS the Plan is regulated by the Pension Benefits Act of Ontario and Regulations (the "Act") and the Plan provides that a terminated member's pension entitlements which are vested on a "locked-in" basis may be transferred to another registered pension plan or a retirement savings arrangement as prescribed under the Act on the condition that all funds will be "locked-in" to provide a life annuity;

AND WHEREAS the above-stated Participant has requested a transfer of funds under such condition to the Plan;

We, the undersigned being representatives of the administrator of the Recipient Plan, confirm and agree to the following:

- 1) The Transferring Participant is a terminated member enrolled in the Plan,
- 2) We have allocated to this Transferring Participant the Account Number or Policy Number shown above,
- 3) We agree to accept into our Recipient Plan the funds available for transfer for this Transferring Participant to be credited to his/her account,
- 4) We agree to "lock-in" and administer the amount transferred as a pension or deferred pension in accordance with the Act. The amount transferred has been determined in a manner that did not differentiate on the basis of sex,
- 5) Notwithstanding (4) above, if the Transferring Participant requests a subsequent transfer to another prescribed retirement savings plan or registered pension plan, we agree that the amount available for transfer will not be withdrawn from our Recipient Plan until we receive an undertaking similar to this Agreement from the administrator of the subsequent recipient plan, and
- 6) We are authorized to execute this Agreement on behalf of the administrator of the Recipient Plan.

IN WITNESS WHEREOF we have hereunder affixed our signature this _____ day of _____, 20

Authorized Signing Officer

Title

Unless this Agreement is fully completed and returned to McMaster University, no transfer of funds will occur.