Buyback Quote Request

Transfer of Past Service from Former Registered Pension Plan



Please complete this form and include proof of age in order for HOOPP to process your buyback quote request. By completing this form, you confirm that you wish to receive a quote to transfer funds from your previous registered pension plan (RPP) to HOOPP or that you are interested in receiving a quote for a period of time when you belonged to another pension plan and transferred your benefits out of that plan. Your eligibility to transfer benefits from your former plan to HOOPP will depend upon the provisions of your former plan.

If you would like to explore any other buyback option, please complete the form entitled Buyback Quote - Purchase of HOOPP Past Service.

1. Member Informati	on (To be completed by	member)								
First name:	Last name:									
SIN:	Date	e of birth*:	mm/dd/yyyy	Daytim	ne phone:					
Street:		City:		Province:	Postal Co	de:				
Signature			· ·	Email:						
Proof of age required (sub	mit copy)	ı	mm/dd/yyyy							
2. Proposed Retirem Buyback quotes include a p the impact on your benefit. date, please provide it belo	pension projection with ar This estimate is shown for	nd without the eligi or comparison purp	ooses. If you w	ould like HOOPP	to use a different pro	oposed retirement				
your 55th birthday.										
Alternate proposed retireme	ent date:	/dd/yyyy	or alter	rnate proposed ret	irement age	_				
3. Annualized Earnir	igs (To be completed by	y current employer	(s))							
Current year (20):										
Previous year (20):										
4. Francisco Contoct	lufamatian a									
4. Employer Contact	: Information (To be	completed by curre	ent employer(s))						
Employer name:					Employer co	ode:				
Contact name:		Phone:			_ Email:					
Signature		Date:			_l					
5. Buyback Service	History (Completed by	v administrator of p	revious pensio	n plan)						
Name of pension plan:			Pensior	plan registration	number:					
Plan Type	enefit – Contributory enefit – Non Contributory	Defined Co	ontribution – C							
Healthcare of Ontario Pens										
1 York Street, Suite 1900	Tel: 416-646-6445									

Toronto, Ontario M5J 0B6

Website: hoopp.com

Toll-free: 1-877-43HOOPP(46677)

Fax: 416-369-0225

Email: clientservices@hoopp.com

5. Buyback Service History (continued)													
		plan and eligible to be tra	•										
Estimated c	ommuted va	llue available for transfer			_								
		ole service (years):			mm/dd/	уууу							
Date of Hire:	: _	mm/dd/yyyy	Enrolment date:		_	_							
Termination	date from pe	nsion plan:	mm/dd/yyyy	mm/dd/yyyy									
* Required for Defined Benefit Contributory and funds are still in the Service History by calendar year Earnings Annualized Actual Hourly (post 1989 only)		Service		Pension Adjustment (PA's) (required for all DB Plans)	Past Service Pension Adjustment (PSPA's) (required for all DB Plans)	Non-contributory leave dates (mm/dd/yyyy)							
Start	End						Start	End					
accordance	with Pensio please notify	rio Pension Plan (HOOPf n Benefits Act of Ontario HOOPP in writing.											
1 820	1950	2080											
Plan Administration Contact Name: Phone:													

Your privacy is important to us! At HOOPP, safeguarding the privacy of our members is a priority. We collect, use and disclose our members' personal information only for the purpose of administering the Plan; this refers primarily to administering pension benefits and paying pensions after retirement. For more information on HOOPP's privacy policies and practices, please visit hoopp.com.

_|____| Email: _____

Signature _____ Date: |____|