

# 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 Information *(To be completed by member)*

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

SIN:  Date of birth\*: |\_\_\_\_\_|\_|\_\_\_\_\_|\_|\_\_\_\_\_| Daytime phone: \_\_\_\_\_  
mm/dd/yyyy

Street: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Signature \_\_\_\_\_ Date: |\_\_\_\_\_|\_|\_\_\_\_\_|\_|\_\_\_\_\_| Email: \_\_\_\_\_  
mm/dd/yyyy

**Proof of age required (submit copy)**

### 2. Proposed Retirement Date *(To be completed by member)*

Buyback quotes include a pension projection with and without the eligible buyback period at age 60 or requested retirement date which explain the impact on your benefit. This estimate is shown for comparison purposes. If you would like HOOPP to use a different proposed retirement date, please provide it below. This estimate does not affect the cost of your buyback quote. **The alternate date cannot be earlier than your 55th birthday.**

Alternate proposed retirement date: |\_\_\_\_\_|\_|\_\_\_\_\_|\_|\_\_\_\_\_| or alternate proposed retirement age \_\_\_\_\_  
mm/dd/yyyy

### 3. Annualized Earnings *(To be completed by current employer(s))*

Current year (20\_\_\_\_): \_\_\_\_\_

Previous year (20\_\_\_\_): \_\_\_\_\_

### 4. Employer Contact Information *(To be completed by current employer(s))*

Employer name: \_\_\_\_\_ Employer code: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature \_\_\_\_\_ Date: |\_\_\_\_\_|\_|\_\_\_\_\_|\_|\_\_\_\_\_|  
mm/dd/yyyy

### 5. Buyback Service History *(Completed by administrator of previous pension plan)*

Name of pension plan: \_\_\_\_\_ Pension plan registration number: \_\_\_\_\_

Plan Type  Defined Benefit – Contributory  Defined Contribution – Contributory  
 Defined Benefit – Non Contributory  Defined Contribution – Non Contributory  
 other: \_\_\_\_\_

#### Healthcare of Ontario Pension Plan

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