

TO BE COMPLETED BY THE MEMBER**SECTION I – PERSONAL INFORMATION**

Last, first name:	_____	Identifier:	_____
Address:	_____		
City, Province:	_____	Phone number:	_____
Postal Code:	_____		

SECTION II – TRANSFER FROM A RPP

I am a member of the Registered Pension Plan (RPP).			
I am a current or former beneficiary spouse or united in civil union partner asking for a transfer because of the death of a member of the RPP.			
I am the RPP member's current or former spouse or united in civil union partner asking for a transfer because of a breakdown of the marriage or a separation from bed and board.			
Plan's name:	Desjardins Group Pension Plan (DGPP)		
Address:	LEV 200 – 4 – B, 200 rue des Commandeurs Lévis QC G6V 6R2		
Plan number:	25717	RPP registration number:	423384

SECTION III – TRANSFER INFORMATION

Transfer the total amount	Transfer of part of the amount
Amount to be transferred to a LIRA / LIF:	\$ _____
Amount to be transferred to a RRSP / RRIF:	\$ _____
Taxable excess to be contributed to a RRSP:	\$ _____
Amount to be transferred to another RPP:	\$ _____

SECTION IV – TRANSFEREE'S INFORMATION (WHOM THE TRANSFER IS MADE TO)

Name of financial institution (or name of new RPP):	_____
Contact person:	_____
Mailing address:	_____
Account number LIRA / RRSP / RRIF / LIF:	_____
OR	
RPP registration number:	_____
Transit / Branch number:	_____

SECTION V – SIGNATURE OF MEMBER

Signature of member : (Handwritten signature only)	Date: (AAAA/MM/JJ)
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TO BE COMPLETED BY THE TRANSFEROR

SECTION VI – TRANSFEROR’S CERTIFICATION

1. The \$ _____ transferred is the applicant’s entitlement under the RPP identified in Section II.
2. We have transferred \$ _____, according to subsections 147.3 (1) to (8) (an RPP lump-sum transfer to a LIRA, a RRSP, a RRIF, a LIF or another RPP).
3. A lock-in provision applies to \$ _____ of the amount we transferred from the RPP identified of Section II under the <i>Pension Benefits Standards Act</i> or provincial pension benefits act: _____. <input type="checkbox"/> Does not apply.
4. We did not transfer \$ _____ of the RPP single amount indicated in item 1 according to one of the following subsections: 147.3(1) à (7). We will report this amount as the applicant’s income on a T4A slip.
I certify that the information given on this form is correct and complete.
Transferor’s name: _____
Authorized person’s signature: _____
Date: _____ Stamp

ADDITIONAL INFORMATION
DGPP Member Services Monday to Friday, from 8 a.m. to 5 p.m.
By phone Call us at 1-866-434-3166 or 514-285-3166
By secure messaging Write to us via the secure Contact us section of the DGPP website at rcd-dgp.com

HOW TO SEND YOUR DOCUMENTS
Via secure messaging through the Contact us section of the DGPP website at rcd-dgp.com
By mail or internal mail to Desjardins Insurance LEV 200 – 4 – B 200 rue des Commandeurs Lévis QC G6V 6R2