

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

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

SECTION II – TRANSFER FROM A RPP

<input checked="" type="checkbox"/> I am a member of the Registered Pension Plan (RPP).			
<input type="checkbox"/> 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.			
<input type="checkbox"/> 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 – SS – G, 200 Rue Des Commandeurs Lévis QC G6V 6R2		
Plan number: _____	25717	RPP registration number: _____	423384

SECTION III – TRANSFER INFORMATION

	Amount	Account number
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):	_____
Mailing address:	_____ _____ _____
Transit / Branch number:	_____

SECTION V – SIGNATURE OF MEMBER

Signature of member (Handwritten signature only):	Date:
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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
<p>DGPP Member Services Monday to Friday, from 8:30 a.m. to 4:30 p.m.</p> <p>By phone Call us at 1-866-434-3166 or 514-285-3166</p> <p>By secure messaging Write to us via the secure Contact us section of the DGPP website at rcd-dgp.com</p>

HOW TO SEND YOUR DOCUMENTS
<p>Via secure messaging through the Contact us section of the DGPP website at rcd-dgp.com</p> <p>By mail or internal mail to Desjardins Insurance LEV 200 - SS - G 200 Rue Des Commandeurs Lévis QC G6V 6R2</p>