



**REQUEST TO SUPERINTENDENT OF PENSIONS FOR WRITTEN NOTICE**  
*Section 21.4 of The Pension Benefits Act of Manitoba and Sections 10.52 – 10.58 of the Regulation*

**APPLICANT INFORMATION**

*All fields must be completed*

|                                |  |                         |                 |
|--------------------------------|--|-------------------------|-----------------|
| _____                          |  | _____                   |                 |
| First Name                     |  | Last Name               |                 |
| _____                          |  |                         |                 |
| Address                        |  |                         |                 |
| _____                          |  | _____                   | _____           |
| City                           |  | Province/State          | Postal/Zip Code |
| _____/_____/_____              |  | _____                   |                 |
| Date of Birth (Day/Month/Year) |  | Social Insurance Number |                 |
| _____                          |  | _____                   |                 |
| Transfer Amount                |  | Request Date            |                 |

**AUTHORIZED ADMINISTRATOR'S CONTACT INFORMATION**

*Once the request has been reviewed, the Superintendent's response will be provided directly to the authorized administrator*

|   |              |             |
|---|--------------|-------------|
| _____   |              |             |
| Name of Authorized Administrator (Name of Financial Institution or Pension Plan): |              |             |
| _____   |              |             |
| Address   |              |             |
| _____   | _____        | _____       |
| City  | Province     | Postal Code |
| _____   | _____        | _____       |
| Contact Name  | Phone Number | Ext         |
| _____   |              |             |
| E-mail Address  |              |             |

**ADDITIONAL ADMINISTRATOR INFORMATION**

*To be completed if the applicant is transferring funds from more than 1 administrator*

|  |          |             |
|--|----------|-------------|
| _____  |          |             |
| Name of Administrator (Name of Financial Institution or Pension Plan): |          |             |
| _____  |          |             |
| Address  |          |             |
| _____  | _____    | _____       |
| City   | Province | Postal Code |

|  |          |             |
|--|----------|-------------|
| Name of Administrator (Name of Financial Institution or Pension Plan): |          |             |
| Address  |          |             |
| City   | Province | Postal Code |

|  |          |             |
|--|----------|-------------|
| Name of Administrator (Name of Financial Institution or Pension Plan): |          |             |
| Address  |          |             |
| City   | Province | Postal Code |

|  |          |             |
|--|----------|-------------|
| Name of Administrator (Name of Financial Institution or Pension Plan): |          |             |
| Address  |          |             |
| City   | Province | Postal Code |

The information provided on the request form will be used to determine whether or not the applicant has previously made a one-time transfer. If the request is missing information, verification will be delayed as the Office of the Superintendent – Pension Commission (OSPC) will have to contact the authorized administrator to provide the missing information.

**Once the request has been reviewed, a response will be provided directly to the authorized administrator, as indicated on the request.**

If the applicant is transferring funds from two or more plans, not all of which are administered by the same administrator, the authorized administrator must provide a copy of the superintendent's response to each of the administrators.

The administrator may rely on the Superintendent's notice only for the proposed transfer in respect of which the notice was given.

**This request must be mailed to the OSPC at the address indicated below. Originals should not be mailed as this request will not be returned to the Authorized Administrator.**

**Office of the Superintendent – Pension Commission  
1004 – 401 York Ave.  
Winnipeg, MB R3C 0P8**