Direct Transfer of a Single Amount – T2151

	Under Subsection	147(19) o	or Sectio	n 147.3	(No	n Locke	d-In and/o	or Lo	cked-In Funds	s)		
SECTION 1: APPLI First Name	CANT INFORMAT	ION			Last Na	ame						
Street Address				City			Pre	ov	Postal Code		Telephone	
SECTION 2: TRANS	SFERRING INSTIT	UTION										
	y of British Columbia		on Plan		C	CRA Regis	stration No).	0572362	Tel	(604) 822-8100	
Address 201 – 23	89 Health Sciences M	Iall, Vanco	uver, BC,	V6T1Z3			egistratior		P085439	Fax	(604) 822-9471	
SECTION 3: DESCR	RIPTION OF AMOU	JNT(S) TO	D BE TR	ANSFEF	RRED							
PART A – Transfer of NON LOCKED-IN Funds												
Please transfer my whole entitlement under the Plan identified in Section 2 above to the institution below (please check appropriate box):												
	ind Approved Specir	. ,	#				Ir	ndivid	ual Fund #			
□ My account as a Employer Na	account as a member of this Registered Pension Plan (RPP):											
	Transit # (5 digits)	Receiving	I Financia	l Instituti	ion				Contact Person			
Street Address			City			Prov	Postal Co	de	Telephone		Fax	
Applicant Signature X									Date			
PART B – Trans	sfer of LOCKED-IN	I Funds										
Please transfer my whole entitlement under the Plan identified in Section 2 above to the institution below (please check appropriate box): My Locked-in Retirement Account (LIRA): Plan Name and Approved Specimen Plan # My Life Income Fund (LIF): Fund Name and Approved Specimen Fund # My account as a member of this Registered Pension Plan (RPP): Employer Name												
Institution # (3 digits)		Receiving	g Financial Institution						Contact Person			
Street Address			City			Prov	Postal Co	de	Telephone		Fax	
Applicant Signature X									Date			
	SFEROR'S CERTI	ICATION	(To be c	complet	ed bv t	he UBC	Pension	Admi	nistration Off	ice)		
SECTION 4: TRANSFEROR'S CERTIFICATION (To be completed by the UBC Pension Administration Office) A. The total \$												
Name of Transferor			Signatur	e of Auth	norized	Person			Date			
	University of British Columbia Staff Pension Plan X											
SECTION 5: TRANSFEREE'S CERTIFICATION (Must be completed by the Receiving Institution) We have received \$, and we have credited it to the applicant's RRSP/RRIF/LIRA/LIF/RPP identified in Section 3. The plan to which the single amount has been transferred is registered under the Income Tax Act. We will administer the amount indicated in item C of Section 4 as a locked-in amount under the recipient fund or plan. Locatify that the information given on this form is, to the best of my knowledge, correct and complete												
I certify that the information given on this form is, to the best of my knowledge, correct and complete. Name of Authorized Officer (please print) Title of Authorized Officer							Officer					
Name of Authorized U										ized	Unicer	

Signature	of	Authorized	Officer
v			