

Was there a division of pension benefit?

Yes No If Yes, please provide details.

Was this member in a Public Safety Occupation* during his/her employment?

*Public Safety Occupation means a sworn officer in the police service or the fire service.

Yes No If Yes, please provide service dates. _____
 From (Y/M/D) To (Y/M/D)

Do you permit a member to remove funds from the plan if the pension benefit is deferred?

Yes No If No, the member is not eligible to purchase prior service.

Is there are transfer ratio applied that reflects the solvency funded status of the plan which prevents you from transferring the full pension entitlement at this time?

Yes No If Yes, the member is not eligible to purchase prior service.

Service

Please complete the information for each year after December 31, 1989 the employee worked with you. If you require additional space, please attach a separate sheet.

Year	Credited Service	Pensionable Earnings	PA Reported	PSPA Reported

Certification

The information provided in this form is certified to be correct.

 Authorized Signing Officer (print)

 Title

 Authorized Signing Officer (signature)

 Telephone Number

 Date

 E-mail address

Please return the completed form to:
HRM Pension Plan
1108-1809 Barrington Street
Halifax, NS B3J 3K8