



ELECTION TO TRANSFER TO SHORT TERM ACCOUNT

- Pension Plan for Professional Staff of Lakehead University (Registration No. 0246058)
- Lakehead University Employee Pension Plan (Registration No. 0526921)

Name: _____

SIN: _____ Employee ID: _____

In accordance with the provisions of Article 24 of the Pension Plan for Professional Staff of Lakehead University and Article 8 of the Lakehead University Employee Pension Plan and the administrative rules set forth by the University, I hereby elect to transfer:

- Maximum (85% of most recent official account balance)
- Partial Transfer (please specify the amount, minimum 25%)
\$ _____ or % _____

of my Individual Account to the Short Term Account, rounded to the nearest \$10,000.

I hereby acknowledge that I understand and accept the conditions of this transfer, which include but are not limited to the following:

- The Short Term Account shall be held as a separate account within the Plan fund, consisting of specific invested assets allocated to it with a distinct investment policy different from that applied to the rest of the assets of the Plan fund.
- The Short Term Account shall be chargeable with any expenses in respect of the Plan which are reasonably and properly incurred by the Plan administrator and allocated to the Short Term Account.
- Investment gains or losses shall be determined monthly based on the actual rate of return on the funds held in the Short Term Account, adjusted for expenses allocated to the Short Term Account.
- This transfer is irrevocable.

Date

Member Signature

Date

Authorization Signature