

Instructions: Both parties must sign this Transfer of Responsibility (TOR) form before transfer can be done – Former customer may sign at any location; New customer must sign at a SaskTel Authorized Dealer, along with a new SaskTel Wireless Service Agreement.

(Exception: Business customers can email the signed TOR form to their SaskTel Business Sales Representative. Email must come from Account Holder or Account Delegate.)

Regarding Mobile Number (_____) _____, I hereby authorize the following to be transferred:

(Business customers only: If multiple numbers involved in transfer of responsibility, attach list of all numbers to be transferred for business to sign.)

Transfer Number Only

Fill in this section if transferring only the number identified above. SaskTel Wireless Service Agreement associated with this device remains the responsibility of former customer.

Former Customer:

A new number is to be assigned on the existing device.

The existing device is to be terminated.

New Customer:

This number is replacing existing number (_____) _____ on Account _____.

This will be a new activation.

Transfer Number and Services

Fill in this section if transferring number identified above along with all terms of the SaskTel Wireless Service Agreement including any early cancellation fees, eligibility date for future hardware subsidies, and all charges incurred from the effective date forward.

(Check all that Apply)

Number and Wireless Service Agreement

Financing: Responsibility for any Plus Pricing and Accessory financing associated with the device must be assumed by the new customer.

Device Return Program: Responsibility for any device return program charges associated with the device must be assumed by the new customer. (Business customers: Any device return program financing must be paid in full by the transferring customer before this transfer can be effective for a new customer choosing a Business Wireless Flex Contract.)

Insurance: Responsibility for any device insurance program (AppleCare+ or Wireless Device Protection Plan) charges associated with the device must be assumed by the new customer or canceled prior to the transfer.

Disclaimer: AppleCare+ is tied to the device and thus can be canceled or transferred by AppleCare Administration with the appropriate proof of purchase provided.

Smart Watches

Pairing modes: Watches paired in “One Number mode” are associated with a primary device to share resources and automatically transfer with that device. Watches paired in “Standalone mode” operate separately from a primary device and require a separate TOR form.

*A change in pairing mode or watch plan may result in an increase of your monthly watch plan fee or a reduction or loss in the watch plan resources.

From the responsibility of: _____ (please print Former Customer/Business Name)

To the responsibility of: _____ (please print New Customer/Business Name)

New Customer's Account number: _____ (must be provided)

Effective Date: _____
Current or future date (DD/MM/CCYY)

Signatures Required on Page 2 ->

As the original account holder (account delegate for Limited/Corporate businesses), I agree to transfer responsibility for the items indicated above. I understand I will be responsible for all charges incurred prior to the effective date, including any charges for services used prior to such effective date, including any payment in full of outstanding balance for any device return program financing charges.

Former Customer Name (please print): _____

Former Customer Signature: _____

Date: _____

As the new account holder (account delegate for Limited/Corporate businesses), I understand by taking over the responsibility of the items indicated above, I will be responsible for all charges indicated above that are incurred from the effective date forward.

New Customer Name (please print): _____

New Customer Signature: _____

Must be signed at a SaskTel Store or Authorized Dealer (Exception: Business customers can email the signed form to their SaskTel Business Sales Representative. Email must come from Account Holder or Account Delegate.)

Date: _____