

APPENDIX A

APPLICATION FOR TRANSFER ESTIMATE

I, _____

residing at _____
(Home Address)

City _____ Province _____ Postal Code _____

Date of birth : _____ Sex : F _____ M _____ S.I.N. : _____

hereby request that my Exporting organization
(Name of the Exporting plan _____)
and my Importing organization
(Name of the Importing plan _____)
submit for my consideration 2 copies of a transfer estimate so that I may decide to benefit or not
from the agreement concluded on _____. **I hereby certify that I have
been a member of the Importing plan for the past three months.**

The personal information supplied will be handled in a confidential manner and will be given only
to those persons authorized to process my application, in accordance with the legislation of my
province.

Name of former employer

Name of present employer

Address

Address

Period to be transferred :
From _____ to _____

Date of beginning of employment :

NOTE: An application for a statement of benefits or for the payment of the value if
benefits accrued has been submitted in the course of a separation, divorce or
payment of a compensatory allowance procedure:

Yes _____ No _____

DATE

SIGNATURE

HOME TEL. NUMBER: _____

OFFICE TEL. NUMBER: _____

A duly signed copy of this Application must be returned **to each** of the following addresses:

**Service des ressources humaines
Université de Moncton
Pavillon Léopold-Taillon
18, ave Antonine-Maillet
Moncton, NB E1A 3E9**

**Pensions and Employee Benefits
Office of Human Resources
Kings Place
PO Box 6000
Fredericton, NB E3B 5H1**