

APPLICATION TO PURCHASE PENSIONABLE SERVICE

New Brunswick Teachers' Pension Plan (NBTPP)

(Please complete the following by typing or printing in black or dark blue ink)



TO BE COMPLETED BY THE EMPLOYEE

First Name: _____ Last Name: _____ Maiden Name: _____

SIN (optional): ____ / ____ / ____ Vestcor Reference Number: _____ OR Employee ID Number: _____

Address: _____

Email: _____ Telephone: _____

Dates of the period of service for which you wish to receive a statement of cost of purchase:

From: ____ / ____ / ____ To: ____ / ____ / ____
Day Month Year Day Month Year

Have you made recently or are you attaching applications to purchase other periods of service? If yes, how many _____

TYPE OF SERVICE (check one and enter requested information)

- Service for which you have received a refund from the NB Teachers' Pension Plan, or the NB Public Service Pension Plan
Plan: _____ Aproximate date refund received: _____
- Full-time teaching service in a public school elsewhere in Canada, in Canadian Government School (Military, First Nations), in the Commonwealth or in a foreign country with external affairs or CIDA (on a current service basis) (attach proof of refunded service with exact dates)
- Local permit or other full-time public teaching service in NB after 1955 (attach proof of refunded service with exact dates)
- Maternity/Adoption/Parental Leave (maximum 1 year - attach proof of leave from district office and copy of child's birth certificate)
- Interim period of advanced full-time training in approved courses (University or School of Education) (attach proof of leave from district office and transcript of marks)
- Leave of absence without pay (includes part-time leave - maximum 2 years - attach proof of leave from district office)
- Service as a member of the legislative assembly not counted for a pension under the Members' Superannuation Plan
- Supply Teaching (attach proof from the school district office)
- Employment while classified as professional staff with the New Brunswick Teachers' Federation, the New Brunswick Teachers' Association, or l'Association des enseignantes et enseignants francophones du Nouveau-Brunswick (attach proof from the applicable organization)

PRIVACY CONSENT: *The personal information collected on this form will be used by Vestcor to: identify the employee making the request and the employer; determine eligibility, the cost to purchase the period(s) of service requested, and the amount of service that would be credited as a result of purchasing the period(s); contact the employee or employer as necessary; and ultimately ensure that the pension plan is administered in accordance with the pension plan's governing documents and applicable legislation. The information may be disclosed to the Canada Revenue Agency as required by law. If you have any questions about the collection and use of this information, contact Vestcor's Member Services team, by mail at P.O. Box 6000, Fredericton, NB, E3B 5H1, by phone at (506) 453-2296 or 1-800-561-4012, or by email at info@vestcor.org. In addition, please note that Vestcor's Privacy Statement is available at www.vestcor.org/privacy.*

AUTHORIZATION: *I certify that I have not contributed to any other pension plan during the period stated above and that the information above is accurate.*

EMPLOYEE SIGNATURE _____ DATE ____ / ____ / ____
Day Month Year

Have your district payroll officer complete section below and forward completed form with attachments (as required) to Vestcor.

TO BE COMPLETED BY DISTRICT PAYROLL OFFICER

District _____

I hereby certify that the teacher identified above is presently a contributor to the above pension plan and that the teacher's salary particulars are currently as follows:

Certificate _____ year level _____ % of work week _____ Authorized full-time annual salary (gross) \$ _____

EMPLOYER SIGNATURE _____ DATE ____ / ____ / ____
Day Month Year

Please return completed form as soon as possible to:
Vestcor
P.O. Box 6000, Fredericton, NB E3B 5H1
Fax: 506-457-7388

For more information, please contact Vestcor at:
Telephone: 506-453-2296 or 1-800-561-4012 (toll free)
Email: info@vestcor.org
Website: vestcor.org