

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 TELEPHONE NUMBER: \_\_\_\_\_

OFFICE TELEPHONE 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-Tailon  
18, ave Antonine-Maillet  
Moncton, NB E1A 3E9**

**Vestcor  
P.O. Box 6000 Fredericton,  
New Brunswick Canada  
E3B 5H1**