

# RECIPROCAL TRANSFER AGREEMENT APPLICATION FORM

between

The Pension Plan for the Employees of New Brunswick Union of Public and Private Employees (the "NBU Plan")

and

The Shared Risk Plan for Certain Bargaining Employees of New Brunswick Hospitals (the "CBE Shared Risk Plan")

## SECTION A (To be completed by Applicant)

Correspondence Requested In:  English  French

ARE YOU RETIRING?  Yes\*  No

If yes, indicate retirement date: \_\_\_\_\_

\* Priority will be given to your application

Applicant's  
First Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's  
Last Name: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(Attach a copy of proof of birth date - Mandatory)

Employer: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

Applicant's E-Mail Address: \_\_\_\_\_

Applicant Signature

Date

## SECTION B (To be completed by Employer)

Transferring from (Exporting Plan):

- The Pension Plan for the Employees of New Brunswick Union of Public and Private Employees

to

Transferring to (Importing Plan):

- The Shared Risk Plan for Certain Bargaining Employees of New Brunswick Hospitals

Date Joined Exporting Plan: \_\_\_\_\_

Date Joined Importing Plan: \_\_\_\_\_

Amount Available from Exporting Plan  
for Transfer\*: \_\_\_\_\_

Full-Time Bi-Weekly Salary at Date of  
Application: \_\_\_\_\_

\* This is the amount of the applicant's employee and employer contributions in the NBU Plan at the application date. Any previous locked-in transfers or Additional Voluntary Contributions (AVC's) in the NBU Plan should not be included in this amount. AVC's, at the applicant's discretion, may be used to purchase any shortfall amount following the completion of the initial transfer.

Employer Signature

Date

Please forward completed form (Sections A & B) to:  
Vestcor  
P.O. Box 6000, Fredericton NB E3B 5H1

VESTCOR

October 2016