

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 Pension Plan")

Section 1 - To be Completed by the Applicant

First Name: _____ Last Name: _____

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

Date of Birth: ____ / ____ / ____ (Attach a copy of Proof of Birth - Mandatory) Correspondence Requested In: English French

Are you retiring? Yes* No If yes, indicate retirement date: ____ / ____ / ____ *priority will be given to your application

Address: _____

Employer: _____ Telephone: _____

Email: _____

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 language preference; confirm employment history and pension plan participation; determine eligibility, the cost to transfer the service, and the service that would be credited; contact the employee or employer as necessary; and ultimately ensure that the pension plans are administered in accordance with their governing documents and applicable legislation. The information may be disclosed to Manulife Financial Corporation in order to process the transfer and 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 the information above is accurate.

Signature : _____ Date : ____ / ____ / ____

Section 2 - To be Completed by the 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 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

IMPORTANT: Information submitted via email is not considered secure unless encrypted. If you would like to submit this form via email and do not have a method to encrypt it, please contact our office in order to submit this form electronically in a secure format.