

# RECIPROCAL TRANSFER AGREEMENT APPLICATION FORM

between

The Pension Plan for Part-Time and Seasonal Employees of the Province of New Brunswick (the "Part-Time 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):

Transferring to (Importing Plan):

The Pension Plan for Part-Time and Seasonal  
Employees of the Province of New Brunswick

to

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

OR

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

to

The Pension Plan for Part-Time and Seasonal  
Employees of the Province of New Brunswick

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

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

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

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

Please forward completed form (Sections A & B) to:

Vestcor

P.O. Box 6000, Fredericton NB E3B 5H1

VESTCOR

October 2016