

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 CUPE Employees of New Brunswick Hospitals (the "CUPE Hospitals 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 of Application

SECTION B (To be completed by Employer)

Transferring from (Exporting Plan):

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

to

Transferring to (Importing Plan):

The Shared Risk Plan for CUPE Employees of
New Brunswick Hospitals

OR

The Shared Risk Plan for CUPE
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

November 2016