

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 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
Day Month Year

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

Address: _____

Telephone: _____ Employer: _____

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: ____ / ____ / ____
Day Month Year

Section 2 - To be Completed by the 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: ____ / ____ / ____
Day Month Year

Date Joined Importing Plan: ____ / ____ / ____
Day Month Year

Full-Time Bi-Weekly Salary at Date of Application: _____

Employer Signature _____ Date: ____ / ____ / ____
Day Month Year

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