

**APPENDIX "A"**  
**TRANSFER APPLICATION FORM between**  
**The Pension Plan for Part-Time and Seasonal Employees of the Province of NB**  
**and**  
**The Pension Plan for General Labour, Trades & Services Employees of NB School Districts**

**SECTION A (To be completed by Applicant)**

**Correspondence Requested In:**     English     French

**ARE YOU RETIRING?**     Yes\*     No

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

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

**\* Priority will be given to your application**

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

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

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

\_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_  
 (Attach a Copy of Proof of Birth – Mandatory)

\_\_\_\_\_  
**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 NB    to

The Pension Plan for General Labour, Trades & Services Employees of NB School Districts

**OR**

The Pension Plan for General Labour, Trades & Services Employees of NB School Districts    to

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

Continuous Employment Date: \_\_\_\_\_

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

Date Employment Status Changed: \_\_\_\_\_

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

Bi-weekly Salary at Date of Application: \_\_\_\_\_

Number of Pay Periods for Applicant (per year): \_\_\_\_\_

**SECTION C (To be completed by Employer)**

**Only for applicants transferring from the Pension Plan for Part-Time & Seasonal Employees of the Province of NB to the Pension Plan for General Labour, Trades & Services Employees of NB School Districts**

**Part-Time Employment History (while contributing to the Pension Plan for Part-Time and Seasonal Employees of the Province of NB):**

| Period                              | % of Full-Time Worked<br>(Actual hours worked, not contracted to work hours) |
|-------------------------------------|--|
| <b>From:</b> _____ <b>to:</b> _____ | _____  |
| <b>From:</b> _____ <b>to:</b> _____ | _____  |
| <b>From:</b> _____ <b>to:</b> _____ | _____  |
| <b>From:</b> _____ <b>to:</b> _____ | _____  |
| <b>From:</b> _____ <b>to:</b> _____ | _____  |
| <b>From:</b> _____ <b>to:</b> _____ | _____  |

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

\_\_\_\_\_  
**Date**

**Please forward completed form to:**  
 Vestcor  
 P.O. Box 6000, Fredericton, NB E3B 5H1

