

**RECIPROCAL TRANSFER AGREEMENT –
SHORTFALL PURCHASE 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”)

PLEASE NOTE: This application will only be processed by Vestcor once the initial transfer of the applicant’s assets from the Part-Time Plan to the CUPE Hospitals Shared Risk Plan has been completed.

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: _____

Employer: _____

Approximate Date when
Initial Transfer was completed: _____

Applicant Signature

Date of Application

SECTION B (To be completed by Employer)

Date Joined Exporting Plan
(the Part-Time Plan): _____

Date Joined Importing Plan
(the CUPE Hospitals Shared Risk Plan): _____

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

In order to determine the total amount of shortfall service which can be purchased by the applicant under the CUPE Hospitals Shared Risk Plan, Vestcor will require the following documentation from the Employer (*please provide in electronic format if available*):

- Withholding Report (if available) or Report of Bi-weekly Earnings for period of Applicant’s participation in the Part-Time Plan; and
- Full-Time Bi-weekly Salary Schedule for period of Applicant’s participation in the Part-Time Plan

Employer Signature

Date

Please forward completed form (Sections A & B) to:
Vestcor
P.O. Box 6000, Fredericton, NB E3B 5H1

VESTCOR