

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