

# 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 Pension Services Corporation  
P.O. Box 6000, Fredericton, NB E3B 5H1

SOCIÉTÉ DES SERVICES DE RETRAITE  
**VESTCOR**  
PENSION SERVICES CORPORATION  
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