

TERMINATION FORM

(Please complete the following by typing or printing in black or dark blue ink)



Please note that no benefits will be paid until this form is completed and returned to Vestcor.

Section 1 - Type of Request (to be completed by the employer)

- RETIREMENT TERMINATION DECEASED ACTIVE EMPLOYEE
 TRANSFER OF EMPLOYMENT* DISABILITY PENSION (Teachers' only)

*If transferring within Public Service—please indicate which Employer the applicant is transferring to (please complete section 2 only). _____

Section 2 - Member Information (to be completed by the employer)

First name: _____ Last name: _____ Date of Birth: ____ / ____ / ____
Day Month Year

SIN (optional): ____ / ____ / ____ Vestcor Reference Number: _____ OR Employee ID Number: _____

Telephone: _____ Applicant's language preference English French

Email: _____ Termination Date: ____ / ____ / ____
Day Month Year

Home address: _____ Retirement Start Date: ____ / ____
(if applicable) Month Year

City: _____ Current Bi-Weekly Salary: \$ _____
(please indicate full-time equivalent amount if less than full-time)

Province: _____ Postal Code: _____ Is employee currently on leave? Yes No

Current Employer: _____

(Please be specific by including the name of the Department, School District, Hospital Corporation, Crown Corporation, etc.)

Section 3 - Required Documents (to be completed/enclosed with this form by the employee)

Mandatory

- Proof of Birth Date
 Spouse's Proof of Birth Date
(Some optional form pension amounts will be determined based on spouse's age)
 N/A - no spouse
 Copy of Proof of Marriage or Common-Law
 Direct Deposit Form / Void Cheque

If Applicable

- TD1 Forms (if not enclosed, basic exemption will apply)
 Change of Beneficiary Card
 Group Life Conversion Form
 Health, Travel, Dental Plan Transfer Form
 NBTPP Group Insurance Form (Teachers' only)

Section 4 - Signatures (Please note electronic signatures are not accepted. Wet signatures are required.)

PRIVACY CONSENT: The personal information on this form is collected under the authority of the *Pension Benefits Act*, S.N.B. 1987, c. P-5.1, ss. 14, 18, and 41(7). It will be used by Vestcor to ensure that the pension plan is administered in accordance with the *Pension Benefits Act* and its regulations, and the pension plan's governing documents. 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.

AUTHORIZATION: I certify that the information above is accurate.

Name of Employer Representative (please print): _____

Employer Representative Signature: _____ Date: _____

Employee Signature: _____ Date: _____

Please return completed form as soon as possible to:

Vestcor
P.O. Box 6000
Fredericton, NB E3B 5H1

Email: info@vestcor.org
Fax: 506-457-7388

Telephone: 506-453-2296
Toll Free: 1-800-561-4012
Website: vestcor.org/pensions