

APPLICATION TO PURCHASE PENSIONABLE SERVICE



Select Plan:

- Pension Plan for General Labour, Trades & Services Employees of New Brunswick School Districts (GLT&S)
 Pension Plan for Full-Time CUPE 2745 Employees of New Brunswick School Districts (CUPE 2745)

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

TO BE COMPLETED BY THE EMPLOYEE

Correspondence Requested In: English French

School District: _____

First Name: _____ Last Name: _____

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

Are you retiring? Yes* No If yes, indicate retirement date: ____ / ____ / ____ *priority will be given to your application
Day Month Year

Address: _____

Email: _____ Telephone: _____

Date of Birth: ____ / ____ / ____
Day Month Year

I wish to receive a cost and election form for purchasing the follow period of pensionable service:

From: ____ / ____ / ____ To: ____ / ____ / ____
Day Month Year Day Month Year

TYPE OF SERVICE (check one - enter requested information and attach requested proof of service)

- Refunded** (for periods of service after March 1, 1974) from _____ Pension Plan
Date of Refund: ____ / ____ / ____ Amount of Refund: \$ _____
- Authorized Leave Without Pay:** Attach proof of leave from employer's records.
GLT&S = periods of leave approved by Employer after May 5, 1994: maternity parental deferred salary illness
CUPE 2745 = periods of leave approved by Employer for: maternity other unpaid parental deferred salary illness
- Waiting period:** Period of Continuous Employment after March 1, 1974 where a waiting period applied before contributing to the Plan.

PRIVACY CONSENT: The personal information collected on this form will be used by Vestcor to: identify the employee making the request and the employer; determine language preference; determine eligibility, the cost to purchase the period(s) of service requested, and the amount of service that would be credited as a result of purchasing the period(s); contact the employee or employer as necessary; and ultimately ensure that the pension plan is administered in accordance with the pension plan's governing documents and applicable legislation. The information may be disclosed to the Canada Revenue Agency as required by law. 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. In addition, please note that Vestcor's Privacy Statement is available at www.vestcor.org/privacy.

AUTHORIZATION: I certify that the information above is accurate.

EMPLOYEE SIGNATURE _____ DATE ____ / ____ / ____
Day Month Year

TO BE COMPLETED BY HUMAN RESOURCES OR PAYROLL OFFICER

Bi-weekly Salary (current): \$ _____ X _____ Pay Period Classification = \$ _____ **Annualized Salary***
*Amount if the member had worked the entire year

EMPLOYER SIGNATURE _____ DATE ____ / ____ / ____
Day Month Year

Please return completed form as soon as possible to:
Vestcor
P.O. Box 6000, Fredericton, NB E3B 5H1
Fax: 506-457-7388

For more information, please contact Vestcor at:
Telephone: 506-453-2296 or 1-800-561-4012 (toll free)
Email: info@vestcor.org
Website: vestcor.org