

Appendix A

Transfer Information Request and Authorization Form Canadian Union of Public Employees Employees' Pension Plan (CEPP) – New Brunswick Public Service Pension Plan (NBPSPP) Reciprocal Transfer Agreement

PERSONAL DATA

Surname: _____ Given Name & Initials: _____

Previous Surname (if applicable): _____

Social Insurance Number: _____

Date of Birth: _____ Gender: M _____ F _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Business Phone: _____ Fax: _____

Current Employer: _____ Province: _____

Address: _____

Former Employer: _____ Province: _____

Address: _____

I hereby request that the Pension Plan authorities of my current and former employers submit for my consideration two (2) copies of a transfer estimate under the transfer agreement between the CEPP and the NBPSPP, as applicable. All personal information will be handled in a confidential manner, in accordance with the legislation.

IMPORTANT – PLEASE ANSWER THE FOLLOWING:

My pension benefits have been or are in the process of being divided because of marriage or relationship breakdown. Yes No

Signature: _____ Date (D/M/Y): _____

Employee: Upon completion, please forward this application to the pension plan administrator of your present employer.