

Appendix A
Transfer Application

(Please complete this form using a black ink pen.)

I, _____

residing at _____

date of birth _____

Social Insurance Number _____

hereby request that the Newfoundland and Labrador Municipal Employee Benefits Inc. and the Public Service Pension Plan submit for my consideration two (2) copies of a transfer estimate so that I may determine if I wish to benefit from the reciprocal pension transfer agreement between the parties.

The personal information supplied will be handled in a confidential manner and will be given only to those persons authorized to process my application.

Name of the present Employer

Name of the former Employer

Date

Signature

A duly signed copy of this Application must be returned to each of the following addresses:

General Manager
NL Municipal Employee Benefits Inc.
460 Torbay Road
St. John's NL
A1A 5J3

Province of Newfoundland
Department of Finance
Pensions Division
P.O. Box 8700
St. John's, NL
A1B 4J6