

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

Provident ¹⁰
15 International Place, Suite 200
St. John's, NL
A1A 0L4