

## *Appendix B*

### *Transfer Estimate*

This estimate provides relevant information on your transfer application. This information constitutes an evaluation of your service, contributions and amount to be transferred.

You must abide by the stipulated time limit, verify the identification, acquaint yourself with the estimate provided, complete the acceptance section and return this appendix to the addresses indicated on the last page.

When the transfer is completed, you will be informed of the final results.

I. Time Limit

A duly signed copy of this form must be returned to each of the addresses indicated on the last page of this appendix within six (6) months from the date of the letter of transmission of this appendix sent by the importing organization.

II. Identification

Mr., Mrs. Ms.: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Insurance Number: \_\_\_\_\_

III. Estimate of amounts to be transferred as of the date the exporting organization received the transfer application, that is the

A. Exporting Plan

(1) Your rights under \_\_\_\_\_  
(Name of Former Plan)

- (a) Service:
- Accumulated for pension calculation purposes:  
\_\_\_\_\_
  - Accumulated for pension eligibility purposes:  
\_\_\_\_\_
- (b) Contributions:
- Accumulated, with interest if applicable:  
\_\_\_\_\_
- (c) Benefits:
- Reimbursement of Contributions:  
\_\_\_\_\_
- or
- Deferred Pension:  
\_\_\_\_\_

- Maximum value of termination of service benefit:  
\_\_\_\_\_

- Other:  
\_\_\_\_\_

(2) Amount available for transfer: \_\_\_\_\_

B. Importing Plan

(1) Amount required by \_\_\_\_\_  
(Name of Importing Plan)

to credit full service: \_\_\_\_\_

(2) Amount transferable upon your acceptance: \_\_\_\_\_

(3) Which you will be credited under: \_\_\_\_\_  
(Name of Importing Plan)  
taking into account the transferable amount.

(a) Service:  
- Accumulated for pension calculation purposes:  
\_\_\_\_\_

- Accumulated for pension eligibility purposes:  
\_\_\_\_\_

(b) Contributions:  
- Accumulated, with interest if applicable:  
\_\_\_\_\_

(c) Other:  
\_\_\_\_\_

IV. Acceptance

I agree to transfer to \_\_\_\_\_  
(Name of Importing Plan)

acquired rights credited to me, according with the agreement, under  
\_\_\_\_\_  
(Name of Exporting Plan)

In consideration of the payment to be made by  
\_\_\_\_\_  
(Name of Exporting Plan)

to \_\_\_\_\_  
(Name of Importing Plan)

I release the administrator of the exporting plan from all responsibility concerning me from  
\_\_\_\_\_  
(Name of Exporting Plan)

I understand that the information supplied in this form is an estimate and that the final amounts will not be determined until the date of transfer. A confirmation of these values will be given to me.

In witness whereof, I have signed this \_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

A duly signed copy of this form must be returned to each of the following addresses within the delay that appears at the beginning of this appendix.

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