

**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