

Appendix A – Transfer Application

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

I, _____,

residing at _____,

hereby request that the Newfoundland and Labrador Municipal Employee Benefits Inc. (“NLMEBI”) submit for my consideration a transfer estimate so that I may determine if I wish to transfer pension benefits in accordance with the Inter-Municipal Transfer Agreement between the participating municipalities of the Newfoundland and Labrador Municipal Employee Benefits Inc. Pension Plan.

I hereby consent to the provision of information to NLMEBI by both the present participating municipality and the former participating municipality to enable NLMEBI to perform the required transfer calculations.

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

Name of present participating municipality

Name of former participating municipality

Date

Signature

A duly signed copy of this Application must be returned to:

Inter-Municipal Transfer Application
Attn: General Manager, TRIO
Newfoundland and Labrador Municipal Employee Benefits Inc.
PO Box 14225 (Manuels)
Conception Bay South NL, A1W 3J1