

**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, TRIO  
NL Municipal Employee Benefits Inc.  
PO Box 14225 (Manuels)  
Conception Bay South, NL  
A1W 3J1

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