

PORTABILITY OF PENSIONS APPLICATION

PENSIONS ADMINISTRATION DIVISION
Department of Finance, P.O. Box 8700, St. John's, NL, A1B 4J6
Fax (709) 729-6790

| PERSONAL DATA | | |
|--|---------------------|---|
| Surname: | | Given Name: |
| Previous Surname (if applicabl | e) | |
| Social Insurance Number: | | Date of Birth: |
| Home Mailing Address: | | |
| City: | _ Province: | Postal Code |
| Telephone: () | | |
| Current Employer: | | |
| I hereby apply to transfer my so to the | | Former Pension Plan in accordance with Section 4 of the |
| Portability (of Pensions) Act. I | understand that I w | ill be provided with further information before I agree |
| to the transfer. | | |
| Signed this | _ Day of | , 20 |
| | | Signature of Applicant |

Upon completion of this form please forward to the Pensions Administration Division.

A copy of this form should also be forwarded to your employer for your personnel file.

FOR TRANSFERS BETWEEN: The Public Service Pension Plan

The Teachers Pension Plan

The Members of the House of Assembly Pension Plan

The Uniformed Services Pension Plan The Memorial University Pension Plan

The personal information collected or provided as part of the application process will only be used for purposes relating to the operation of the relevant pension programs and for statistical reports. All information will be kept confidential and will not be disclosed to third parties without your consent unless required or authorized by law. If you have any questions or concerns please contact the Pensions Administration Division.