

APPENDIX "A" TRANSFER APPLICATION

I, _____
Name

Residing at _____
Address

City/ Town and Postal Code

Date of Birth

Social Insurance Number

Hereby request that the Teacher's Pension Plan and the Government Money Purchase Pension Plan submit for my consideration to transfer estimate so that I may determine if I wish to benefit from the reciprocal pension transfer agreement between the plans.

GMPP
Name of Former Plan

TPP
Name of Present Plan

Date

Signature

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

Department of Finance
Pension Division
P.O. Box 8700
St. John's, NL
A1B 4J6
Fax: 729-6790