



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 applicable) _____

Social Insurance Number: _____ Date of Birth: _____

Home Mailing Address: _____

City: _____ Province: _____ Postal Code _____

Telephone: () _____

Current Employer: _____

I hereby apply to transfer my service under the _____
Former Pension Plan

to the _____ in accordance with Section 4 of the
Current Pension Plan

Portability (of Pensions) Act. I understand that I will 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.