VERIFICATION OF (GMPP)* SERVICE

SUPPLEMENT TO APPENDIX "A" TRANSFER OF SERVICE
PENSIONS ADMINISTRATION DIVISION
Department of Finance, P.O. Box 8700, St. John's, NL, A1B 4J6
Fax (709) 729-6790

NOTE TO PLAN MEMBER: This form is to be completed by each employer with whom you contributed to the Government Money Purchase Pension Plan (GMPP)

I, _____, S.I.N. _____ contributed to the Government Money Purchase (Pension) Plan (GMPP) while employed with _____ _____ from _____
Name of Previous Employer

to _____ . *(The period indicated may be approximate dates and is provided to assist in your review of the record of employment. Accurate dates are required below).* I have completed the Appendix "A" in accordance with the Reciprocal Transfer Agreement between the GMPP and the _____ Service Pension Plan. The Pensions Administration Division
Public / Uniformed

requires that the employer provide confirmation of employment. Please complete the following Section and return to me at _____ .
Plan Members Address

SERVICE ELIGIBLE FOR TRANSFER

PREVIOUS EMPLOYER: _____

Period	Total Hrs Worked	Normal Daily Full-time Hrs for Employee*	Status**	Contributed to GMPP
Jul 15/92 to May 13/94	*1825*	*7*	*T,PT*	*Yes*

**** Please indicate normal full-time hours for employee regardless of employee's status***
***** Please use status codes as follows: T-Temporary; P-Permanent; F-Full-time; P-Part-time***

_____ _____
Signature of Previous Employer Date

***This form is for confirmation of service to be transferred <u>from</u> the GMPP. It is not for transfers to the GMPP.**

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.