

**THE NEW BRUNSWICK SOCIETY OF RETIRED TEACHERS
(ANGLOPHONE)**

Automatic Dues Deduction Withdrawal

(Please Print)



First Name: _____ Initial: _____

Last Name: _____

Social Insurance: _____ - _____ - _____

Address: _____

PO Box/Street

Community

Province

Postal Code: _____

Telephone: _____ Email: _____

Birthdate: _____
(Month) (Day) (Year)

Reason(s) For Withdrawing from Central Deduction - Check **ONE** of (a) or (b):

(a) _____ Received Honorary NBSRT Membership

(b) _____ Withdrawing from NBSRT - Check Those Reasons That Apply:

Did Not Meet My Needs _____

Unable to Attend Functions _____

Other (*Please Explain*): _____

I hereby authorize VESTCOR Pension Services Division to cease pension deductions for Membership in the New Brunswick Society of Retired Teachers (Anglophone).

**Wording Authorized by VESTCOR Pension Services Division*

Signed: _____ Date: _____

Print This Form & Mail To:

**Colleen Forsythe
NBSRT Membership Secretary
20 Trout Street
Trout Brook, NB E9E 1R1**