

**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:

**Barbara Hondas
NBSRT Membership Secretary
44 Church Street
Miramichi, NB E1N 1T3**

April 30, 2024