

**APPENDIX A2
(REQUEST FOR TRANSFER ESTIMATE)**

Re: Transfer from the Government of Canada to the Province of Nova Scotia

Member's Name and Address: 	Date:
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MEMBER AUTHORIZATION: (To be completed by the Employee)

I hereby authorize the President of the Treasury Board of Canada to release the information necessary to produce a transfer quotation, including my social insurance number.

I understand that completion of this document does not constitute a request for transfer. I am aware that, to become eligible for a transfer of funds under the terms of the pension transfer agreement, I must complete form *APPENDIX B2 (REQUEST FOR TRANSFER OF SERVICE CREDITS)* while employed and an active contributor under the Nova Scotia Public Service Superannuation Plan and within the prescribed time limits.

Employee's signature: _____ **Date:** _____

Employee's Home Telephone: _____ **Business Telephone:** _____

EMPLOYEE INFORMATION: (To be completed by the appropriate Plan Administrator)

Employee's Name:

Date of Birth:

Provincial Plan Administrator

Name of Employer:

Reference No:

Date of Hire:

Date of Enrolment in Pension Plan:

Superannuation Directorate:

Name of Employer:

Reference No:

Date of Hire:

Date of Enrolment in Pension Plan:

Date of Termination:

Estimated Transfer Amount: \$

Calculated as of:

WHEN COMPLETED, THIS FORM SHOULD BE FORWARDED TO:

Public Works and Government Services Canada
Public Service Pension Centre Mail Facility
150 Dion Blvd
PO Box 8000
Matane, QC G4W 4T6
Attention: Pension Transfer Services Section