

Appendix A2 – Request for Transfer Estimate

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Transfer from the Government of Canada to PSPP

PART I: EMPLOYEE INFORMATION	(to be completed by the member)	
member's first name gender: female ma	member's last name	member's previous last name (if applicable)
date of birth (yyyy/mm/dd)	social insurance number	former pension plan ID no.
home address		address effective date
city, town, village, etc.	province	postal code
member's email address	primary phone number ext. Work Home Cell	secondary phone number ext. Work Home Cell
name of former employer Is there a family property order or agree Pensionable service to be transferred:	ment that affects your federal pension? yes	no not applicable
	from date (yyyy/mm/dd)	to date (yyyy/mm/dd)
PART II: EMPLOYEE AUTHORIZATION I hereby authorize the President of the T my social insurance number.	ON (to be completed by the member) reasury Board to release the information necess	sary to produce a transfer estimate, including
a transfer of funds under the terms of the	ument does not constitute a request for transfer. e pension transfer agreement, I must complete for active contributor under PSPP and within the	orm Appendix B2 - Request for Transfer
The personal information provided will b request in accordance with the applicable	e treated as confidential and will be disclosed or e provincial and federal legislation.	nly to those persons authorized to deal with my
completed by:		
member's name and title	member's signature	date signed (yyyy/mm/dd)
Member – A duly signed copy of this a following addresses:	Appendix A2 – Request for Transfer Estimate	e must be returned to each of the
5103 Windermere Blvd. SW AT Edmonton, AB T6W 0S9 15	overnment of Canada Pension Centre - Mail Fac T: Pension Transfer Services Section 0 Dion Blvd. 0 Box 8000 atane, QC G4W 4T6	sility
1-877-453-1PSP(1777)	giane, QO OHW HIO	