

## Appendix A – Transfer Information Request and Authorization Form

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You can request a transfer of benefit entitlements into or out of the Public Service Pension Plan (PSPP) under the National Transfer Agreement by completing and submitting an *Appendix A - Transfer Information Request and Authorization Form* to PSPP. Please note that for transfers into PSPP, your transfer application must be received by PSPP within one (1) year of the date you joined PSPP for it to be valid. Submit the completed form to

PSPP, 5103 Windermere Blvd. SW Edmonton, AB T6W 0S9 Fax: 780-421-1652

## Public Service Defined Benefit Pension Plans Reciprocal Transfer Agreement

Personal Data			
given name and initials	surname		previous surname (if applicable)
social insurance number	da	ate of birth (yyyy/mm/dd)	
mailing address			
city, town, village, etc.	province		postal code
primary phone number Work Home Cell	ext.	secondary phone number Work Home Cell	fax number
current employer			province
address			
former employer			province
address			
I hereby request that the Pension Plan Authora transfer estimate under the transfer agreer confidential manner, in accordance with the	ment betweer	n the pension plans. All pers	rs submit for my consideration two (2) copies of conal information will be handled in a
Is there a family property order or agreemen	t between yo	u and your former pension լ	partner dividing your pension benefit?
yes no not applicable			
signed this day of	20		
applicant's signature			