

## Appendix A

### Transfer Information Request and Authorization Form Nova Scotia Association of Health Organizations Pension Plan - PSSA Reciprocal Transfer Agreement

#### Personal Data

<b>Surname:</b>		<b>Given Name &amp; Initials:</b>	
<b>Previous Surname (if applicable):</b>			
<b>Social Insurance Number:</b>			
<b>Date of Birth:</b>		<b>Gender: M F</b>	
<b>Mailing Address:</b>			
<b>City:</b>		<b>Province:</b>	<b>Postal Code:</b>
<b>Phone:</b>		<b>Business Phone:</b>	<b>Fax:</b>
<b>Current Employer:</b>		<b>Province:</b>	
<b>Address:</b>			
<b>Former Employer:</b>		<b>Province:</b>	
<b>Address:</b>			

I hereby request that the Pension Plan authorities of my current and former employers submit for my consideration two (2) copies of a transfer estimate under the transfer agreement between the Nova Scotia Association of Health Organizations Pension Plan and the *New Brunswick Public Service Superannuation Act*, as applicable. All personal information will be handled in a confidential manner, in accordance with the legislation.

**Important – please answer the following:**

My pension benefits have been or are in the process of being divided because of marriage or relationship breakdown.

Yes

No

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

**Employee:** Upon completion, please forward this application to the pension plan administrator of your present employer.