

APPENDIX "A2"
REQUEST FOR TRANSFER ESTIMATE
Transfer from the Government of Canada to the Province of New Brunswick

SECTION A: EMPLOYEE INFORMATION – PROVINCE OF NEW-BRUNSWICK
 (To be completed by the Pension and Employee Benefits Division)

Employee's Name:
 Employee's Date of Birth:
 Employee's Reference Number:
 Name of Department:
 Date Employment Commenced:
 Date of Enrolment in Pension Plan:

Prepared by: _____
 (Print Name and Title)

 Signature Date

SECTION B: EMPLOYEE'S AUTHORIZATION
 (To be completed by the Employee)

Employee's name and address: _____

I hereby authorize the President of the Treasury Board of Canada to release the information necessary to produce a transfer estimate, 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 *Public Service Superannuation Act (NB)*, and within the time limits set out in the pension transfer agreement.

Employee's signature: _____ Date: _____

Home telephone: _____ Business Telephone: _____

Complete Section B of this form and forward to:
Public Works and Government Services Canada
Government of Canada Pension Centre – Mail Facility
150 Dion Blvd, PO Box 8000
Matane, QC G4W 4T6
Attention: Pension Transfer Services Section

SECTION C: EMPLOYEE INFORMATION – GOVERNMENT OF CANADA
 (To be completed by the Superannuation Directorate)

Name of Department or Agency:
 Employee's Superannuation Number:
 Date Employment Commenced:
 PSSA Contributor Effective:
 Date Employment Terminated:
 Estimated Transfer Amount: \$ Calculated as of:

Prepared by: _____
 (Print Name and Title)

 Signature Date