

APPENDIX A2: REQUEST FOR TRANSFER ESTIMATE

Transfer from the Government of Canada to the New Brunswick Teachers' Pension Plan

PART I: EMPLOYEE INFORMATION – New Brunswick Teachers' Pension Plan

To be completed by the Plan Administrator

Name: _____ Date of Birth (D/M/Y): _____

Reference Number: _____

Name of Employer: _____

Date Employment Commenced (D/M/Y): _____ Date of Enrolment in the Plan (D/M/Y): _____

Completed by (Print Name & Title): _____

Signature: _____ Date: _____

PART II: EMPLOYEE'S AUTHORIZATION

To be completed by the Employee

Employee's Name and Address:

I hereby authorize the President of the Treasury Board 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 *New Brunswick Teachers' Pension Plan* and within the time limits set out in the pension transfer agreement.

Employee Signature: _____ Date: _____

Home Telephone: _____ Business Telephone: _____

Once Parts I and II have been completed, forward this form to:

Public Works and Government Services Canada
Government of Canada Pension Centre
PO Box 8000
Matane QC G4W 4T6

PART III: EMPLOYEE INFORMATION – GOVERNMENT OF CANADA

To be completed by the Government of Canada Pension Centre

Name of Employer: _____

Employee's Reference Number: _____

Date Employment Commenced (D/M/Y): _____ PSSA Contributor Effective (D/M/Y): _____ Date Employment Terminated (D/M/Y): _____

Estimated Transfer Amount: \$ _____ Calculated as of (D/M/Y): _____

Completed By (Print Name and Title): _____

Signature: _____ Date: _____