

## Appendix A - Transfer Information Request and Authorization Form

### *Nova Scotia Public Authority Pension Plans Reciprocal Transfer Agreement (DC)*

#### Personal Data

Surname: \_\_\_\_\_ Given Name and Initials: \_\_\_\_\_

Previous surname (if applicable): \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Province: \_\_\_\_\_

Address: \_\_\_\_\_

Former Employer: \_\_\_\_\_ Province: \_\_\_\_\_

Address: \_\_\_\_\_

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 Public Authority Pension Plans. All personal information will be handled in a confidential manner, in accordance with the legislation.

**Note:** My pension benefits have been or are in process of being split because of marriage breakdown:

Yes \_\_\_\_\_ No \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

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