

**APPENDIX A2**  
**(REQUEST FOR TRANSFER ESTIMATE)**

**Re: Transfer from the Government of Canada to the Province of Nova Scotia**

<b>Member's Name and Address:</b>	<b>Date:</b>
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**MEMBER AUTHORIZATION: (To be completed by the Employee)**

I hereby authorize the President of the Treasury Board of Canada to release the information necessary to produce a transfer quotation, 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 Nova Scotia Public Service Superannuation Plan and within the prescribed time limits.

**Employee's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employee's Home Telephone:** \_\_\_\_\_ **Business Telephone:** \_\_\_\_\_

**EMPLOYEE INFORMATION: (To be completed by the appropriate Plan Administrator)**

**Employee's Name:**

**Date of Birth:**

**Provincial Plan Administrator**

    Name of Employer:

    Reference No:

    Date of Hire:

    Date of Enrolment in Pension Plan:

**Superannuation Directorate:**

    Name of Employer:

    Reference No:

    Date of Hire:

    Date of Enrolment in Pension Plan:

    Date of Termination:

    Estimated Transfer Amount: \$                      Calculated as of:

**WHEN COMPLETED, THIS FORM SHOULD BE FORWARDED 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