

APPENDIX B2
(REQUEST FOR TRANSFER OF SERVICE CREDITS)

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

Members Name and Address: <i>(Forwarded via personnel office)</i>	Issue Date: <i>(Date Appendix B is forwarded to member)</i>
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PART 1: (To be completed by the Provincial Plan Administrator)

The amount available for transfer under the pension transfer agreement *is sufficient* to provide you with equivalent pensionable service under the Nova Scotia Public Service Superannuation Plan (the Plan).

Estimated Transfer Amount: \$

Pensionable service to be established by the Transfer Amount: (years/days)

OR

The amount available for transfer under the pension transfer agreement *is not insufficient* to provide you with the equivalent credited service under the Plan, but will provide the following:

Estimated transfer amount: \$

Credited service to be established by the transfer amount: (years/days)

Additional credited service that may be purchased: (years/days)

Approximate cost of the additional credited service: \$

Date of termination:

Upon completion of your transfer, you will be given the option of purchasing the additional credited service not established by the transfer. The actual figures may change due to interest charges.

PART 2: (To be completed by the employee)

I have reviewed the information provided in Part 1 and select the following option with respect to my request to transfer: *(Please indicate the option you wish to select.)*

Option 1: I elect to transfer my accrued pension credits to establish service under the Nova Scotia Public Service Superannuation Plan. I hereby release and forever discharge the Government of Canada, its members, officers, employees and agents from all actions, causes of action, claims and demands of whatever kind that I or my heirs, executors, administrators or assigns ever had, now have or can, shall or may have for damage, loss or injury as a result of, or in any way arising out of, my past participation under the *Public Service Superannuation Act* or my decision to transfer my accrued pension credits.

☐ I understand that this transfer is subject to the terms and conditions of the agreement made between the above parties, that the monies transferred under the said agreement are subject to the terms and conditions of the Nova Scotia Public Service Superannuation Plan, and that the transferred amount determined will be in accordance with the provisions of the Act, the Plan and the *Income Tax Act (Canada)*, including maximum benefit limit restrictions and prescribed allowable transfer amounts between pension plans.

Option 2: I elect **NOT** to proceed with my request for transfer. I understand that my pension benefits with respect to my previous pensionable service will remain under the *Public Service Superannuation Act* and will be paid in accordance with the terms of the Act.

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Employee's Signature: _____ **Date:** _____

Employee's Home Telephone: _____ **Business Telephone:** _____

NOTE: *(To be completed by the Superannuation Directorate)*

THE COMPLETED APPENDIX B2 MUST BE RETURNED BY _____, 20____.

TO: Nova Scotia Pension Services Corporation Box 371, Halifax, NS B3J 2P8 FAX: 902-424-0662
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