



Appendix A2 – Request for Transfer Estimate

You can request a transfer of benefit entitlements into the Public Service Pension Plan (PSPP) under the Federal Transfer Agreement by submitting an *Appendix A2 - Request for Transfer Estimate*. Please note that your transfer application must be received by PSPP and by Public Works and Government Services Canada within one (1) year of the date you joined PSPP for it to be valid.

PSPP
5103 Windermere Blvd. SW
Edmonton, AB T6W 0S9
Fax: 780-421-1652

Public Works and Government Services Canada
Government of Canada Pension Centre Mail Facility
150 Dion Blvd, PO Box 8000 Matane, QC G4W 4T6
ATT: Pension Transfer Services Section

Transfer from the Government of Canada to PSPP

PART I: EMPLOYEE INFORMATION *(to be completed by the employee)*

member first name	member last name	member previous last name (if applicable)												
date of birth (yyyy/mm/dd)	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">gender: female male</div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table> </div>													former pension plan ID no.
home address	address effective date													
city, town, village, etc.	province	postal code												
email address	<div style="display: flex; justify-content: space-between; font-size: small;"> primary phone number ext. </div> <table border="0" style="width: 100%; text-align: center; font-size: x-small;"> <tr> <td style="width: 25%;">Work</td> <td style="width: 25%;">Home</td> <td style="width: 25%;">Cell</td> <td style="width: 25%;"></td> </tr> </table>	Work	Home	Cell		<div style="display: flex; justify-content: space-between; font-size: small;"> work phone number ext. </div> <table border="0" style="width: 100%; text-align: center; font-size: x-small;"> <tr> <td style="width: 25%;">Work</td> <td style="width: 25%;">Home</td> <td style="width: 25%;">Cell</td> <td style="width: 25%;"></td> </tr> </table>	Work	Home	Cell					
Work	Home	Cell												
Work	Home	Cell												
name of former employer														
Is there a family property order or agreement that affects your federal pension? yes no not applicable														
Pensionable service to be transferred: <table style="width: 100%; border: none;"> <tr> <td style="border-top: 1px solid black; width: 60%;"></td> <td style="border-top: 1px solid black; width: 40%;"></td> </tr> <tr> <td style="font-size: x-small;">from date (yyyy/mm/dd)</td> <td style="font-size: x-small;">to date (yyyy/mm/dd)</td> </tr> </table>					from date (yyyy/mm/dd)	to date (yyyy/mm/dd)								
from date (yyyy/mm/dd)	to date (yyyy/mm/dd)													

continued on next page

Personal information on this form is collected under the authority of section 40 of Schedule 2 of the Alberta *Joint Governance of Public Sector Pension Plans Act* and section 33 of the Alberta *Freedom of Information and Protection of Privacy Act* for pension administration purposes. If you have any questions regarding the collection of this information, contact the PSPP Member Services Centre at 1-877-453-1PSP (1777), or write to: 5103 Windermere Blvd. SW, Edmonton, AB T6W 0S9.



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PART II: EMPLOYEE AUTHORIZATION *(to be completed by the employee)*

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 PSPP and within the time limits set out in the pension transfer agreement.

The personal information provided will be treated as confidential and will be disclosed only to those persons authorized to deal with my request in accordance with the applicable Plan rules and federal legislation.

completed by: _____
print name and title signature date signed (yyyy/mm/dd)

Member – A duly signed copy of this *Appendix A2 – Request for Transfer Estimate* must be returned to each of the following addresses:

PSPP
5103 Windermere Blvd. SW
Edmonton, AB T6W 0S9
Fax: 780-421-1652

Public Works and Government Services Canada
Government of Canada Pension Centre Mail Facility
150 Dion Blvd, PO Box 8000 Matane, QC G4W 4T6
ATT: Pension Transfer Services Section

PART III: PENSION PLAN INFORMATION *(to be completed by PSPP)*

name of present employer

date of employment with present employer

current pension plan ID no.

date of receipt (appendix A1) (yyyy/mm/dd)

completed by: _____
print name title

signature

date signed (yyyy/mm/dd)