

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 our administrator, Alberta Pensions Services Corporation (APS) and by Public Works and Government Services Canada within one (1) year of the date you joined PSPP for it to be valid.

PSPP c/o APS
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 the Province of Alberta

[Management Employees Pension Plan/Supplementary Retirement Plan for Public Service Managers]

[Public Service Pension Plan] [Local Authorities Pension Plan]

Part I: EMPLOYEE INFORMATION – PROVINCE OF ALBERTA *(to be completed by the Employee)*

| | | | | | |
|--|--|--|--|---|----------------------------|
| Member First Name | | Member Last Name | | Social Insurance Number | |
| Member Previous Last Name, if different from above | | Date of Birth Y Y Y Y M M D D | | Gender (M/F) | Former Pension Plan ID No. |
| Home Address | | | | Address Effective Date Y Y Y Y M M D D | |
| City | | | | Province | |
| Member Email Address | | | | Postal Code | |
| Home Telephone Number Area Code Telephone Number Ext. | | Work Telephone Number Area Code Telephone Number Ext. | | | |
| Name of Former Employer | | | | | |

Is there a Matrimonial Property Order that affects your federal pension? Yes No

Period of Pensionable Service to be Transferred:

| | |
|--|--|
| From (Date) Y Y Y Y M M D D | To (Date) Y Y Y Y M M D D |
|--|--|

Part II: EMPLOYEE'S 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 the PLAN identified above 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 provincial and federal legislation.

Member Signature

Date Signed (YYYY/MM/DD)

Member – A duly signed copy of this Appendix A2 must be returned to each of the following addresses:

PSPP c/o APS
5103 Windermere Blvd. SW
Edmonton, AB T6W 0S9

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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 Alberta Pensions Services Corporation)*

| | | |
|--------------------------|--|-----------------------------|
| Name of Present Employer | Date of Employment with Present Employer | Current Pension Plan ID No. |
|--------------------------|--|-----------------------------|

Date of Receipt (Appendix A1):

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Y | Y | Y | Y | M | M | D | D |
|---|---|---|---|---|---|---|---|

Completed by: _____

(Print Name and Title)

Signature

Date Signed (YYYY/MM/DD)