

APPENDIX A1
(REQUEST FOR TRANSFER ESTIMATE)

Re : Transfer from a Participating Employer to the Government of Canada

PART 1: EMPLOYEE INFORMATION - GOVERNMENT OF CANADA

(To be completed by the Superannuation Sector of Public Works and Government Services Canada)

Employee's Name :
Employee's Date of Birth :
Employee's Superannuation Number :
Name of Department :
Date Employment Commenced :
PSSA Contributor Effective :

Certified Correct by: (Print Name and Title) _____

Signature

Date

PART 2: EMPLOYEE'S AUTHORIZATION *(To be completed by the Employee)*

Employee's name and address :

I hereby authorize the Canada Post Corporation 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 B1 (*Request for Transfer of Service Credits*) while employed and an active contributor under the *Public Service Superannuation Act* and within the time limits set out in the pension transfer agreement.

Employee's signature : _____ **Date:** _____

Home Telephone : _____ **Business Telephone :** _____

Once Part 2 has been completed, this form should be forwarded to:

Canada Post Pension Administration Centre
PO Box 2073
Mississauga ON L5B 3C6

PART 3: EMPLOYEE INFORMATION - PARTICIPATING EMPLOYER

(To be completed by Canada Post Corporation)

Name of Participating Employer :
Employee's I. D. Number :
Date Employment Commenced :
Date of Enrolment in Pension Plan :
Date Employment Terminated :
Estimated Transfer Amount : \$ Calculated as of :

Certified Correct by: (Print Name and Title) _____

Signature

Date

