

**APPENDIX A1
(REQUEST FOR TRANSFER ESTIMATE)**

**Re : Transfer from Canadian Health Services Research Foundation to the
Government of Canada**

PART I: 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 :

Completed by: (Print Name and Title) _____

Signature

Date

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

Employee's name and address :

I hereby authorize Canadian Health Services Research Foundation 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 II has been completed, this form should be forwarded to:

**Director, Corporate Services
Canadian Health Services Research Foundation
1565 Carling Avenue, Suite 700
Ottawa ON K1Z 8R1**

PART III: EMPLOYEE INFORMATION - THE FOUNDATION

(To be completed by Canadian Health Services Research Foundation)

Name of Employer :
Employee's Reference Number :
Date Employment Commenced :
Date of Enrolment in Pension Plan :
Date Employment Terminated :
Estimated Transfer Amount : \$ Calculated as of : (dd/mm/yy)

Completed by: (Print Name and Title) _____

Signature

Date

