

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

**Re : Transfer from the Régime de retraite de la Corporation de l'École Polytechnique 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 the Pension Committee 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 be an eligible employee as defined in this agreement and I must complete form **APPENDIX B1 (Request for Transfer of Service Credits)** 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:**

École Polytechnique Montréal  
Pension Plan  
P.O. Box 6079, downtown branch  
Montreal QC H3C 3A7

**PART III: EMPLOYEE INFORMATION - La Corporation de l'École Polytechnique**

*(To be completed by the Pension Committee (the Plan))*

Name of Employer:  
Employee's Reference Number:  
Date Employment Commenced:  
Date of Enrolment in the Plan:  
Date Employment Terminated:  
Estimated Transfer Amount: \$

Calculated as of: \_\_\_\_\_ (YY/MM/DD)

**Completed by: (Print Name and Title)** \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

