

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

**Re : Transfer from MDS Nordion 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 MDS Nordion 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:**

Human Resources  
MDS Nordion  
447 March Road, P.O. Box 13500  
Kanata, ON K2K 1X8

**PART III: EMPLOYEE INFORMATION - MDS NORDION**

*(To be completed by MDS Nordion)*

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*

