

APPENDIX A1
(REQUEST FOR TRANSFER ESTIMATE)

Re : Transfer from the Metropolitan Life Insurance Company 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 :

Certified Correct 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 Metropolitan Life Insurance Company 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:

*Metropolitan Life Insurance Company
Attn: Mr. Dave Roos
Constitution Square
360 Albert Street, Suite 1750
Ottawa, Ontario K1R 7X7*

PART III: EMPLOYEE INFORMATION - METROPOLITAN LIFE INSURANCE COMPANY

(To be completed by the Metropolitan Life Insurance Company)

Name of Participating Employer :
Employee's Reference 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

