

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

**Re: Transfer of Credited Service from NAV CANADA 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 or Agency :  
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 NAV CANADA 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:**

**NAV CANADA  
Pension Section  
77 Metcalfe Street  
Ottawa, Ontario K1P 5L6**

**PART III: EMPLOYEE INFORMATION - NAV CANADA**

*(To be completed by NAV CANADA)*

Employee's Reference Number :  
Date Employment Commenced :  
Date of Enrolment in Pension Plan :  
Date Employment Terminated :  
Estimated Transfer Amount : \$                      Calculated as of :

**All data used to estimate this transfer amount is attached to this document.**

**Certified correct by: (Print Name and Title)** \_\_\_\_\_

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

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

