

APPENDIX A1
(REQUEST FOR TRANSFER ESTIMATE)

Re: Transfer from Roche Ltée, Groupe-conseil et ses filiales 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 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:

Lorraine Hébert, Counselor
Human Resources Services
Roche Ltée, Groupe-conseil
3075 des Quatre-Bourgeois Road, Office 300
Sainte-Foy, Quebec G1W 4Y4

PART III: EMPLOYEE INFORMATION - ROCHE LTÉE, GROUPE-CONSEIL ET SES FILIALES
(To be completed by the pension committee of the Régime complémentaire de retraite des employés de Roche Ltée, Groupe-conseil et ses filiales [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

