

APPENDIX A1
(REQUEST FOR TRANSFER ESTIMATE)

Re : Transfer from the STCUQ 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 *Société de Transport de la Communauté Urbaine de Québec* 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:

**Comité de retraite du Régime de retraite
des employés de la STCUQ
720 des Rocailles St.
Quebec, Quebec G1J 1A5**

PART III: EMPLOYEE INFORMATION - STCUQ

(To be completed by the Comité de retraite du Régime de retraite des employés de la STCUQ)

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

Certified Correct by: (Print Name and Title) _____

Signature

Date

