

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

Re : Transfer from the Ville de Gatineau (employés manuels) 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 for the Régime de retraite des employés manuels de la Ville de Hull 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:**

*Alain Labelle*  
Conseiller en régimes de retraite  
Ville de Gatineau  
Services des ressources humaines  
25 Laurier Street, P.O. Box 1970, Station B  
Gatineau, Quebec J8X 3Y9

**PART III: EMPLOYEE INFORMATION - VILLE DE GATINEAU**

***(To be completed by the Pension Committee for the Régime de retraite des employés manuels de la Ville de Hull)***

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

Completed by: (Print Name and Title) \_\_\_\_\_

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

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

