

APPENDIX A1
(REQUEST FOR TRANSFER ESTIMATE)

Re : Transfer from the City of Sherbrooke 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 et employées de la Ville de Sherbrooke 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:

Régime de retraite des employés et employées de la Ville de Sherbrooke
À l'attention du Secrétaire-Trésorier
145, Wellington Nord
Sherbrooke (Québec) J1H 5C9

PART III: EMPLOYEE INFORMATION - The Committee

(To be completed by the Committee)

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

