





Appendix A2 – Request for Transfer Estimate

PART II: EMPLOYEE AUTHORIZATION (to be completed by the employee)

I hereby authorize the President of the Treasury Board 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 B2 - Request for Transfer of Service Credits while employed and an active contributor under MEPP and within the time limits set out in the pension transfer agreement.

The personal information provided will be treated as confidential and will be disclosed only to those persons authorized to deal with my request in accordance with the applicable Plan rules and federal legislation.

completed by: \_\_\_\_\_
print name and title signature date signed (yyyy/mm/dd)

Member – A duly signed copy of this Appendix A2 – Request for Transfer Estimate must be returned to each of the following addresses:

MEPP 5103 Windermere Blvd. SW Edmonton, AB T6W 0S9 Fax: 780-421-1652
Government of Canada Pension Centre - Mail Facility ATT: Pension Transfer Services Section 150 Dion Blvd, PO Box 8000 Matane, QC G4W 4T6

PART III: PENSION PLAN INFORMATION (to be completed by MEPP)

name of present employer

date of employment with present employer current pension plan ID no. date of receipt (appendix A2) (yyyy/mm/dd)

completed by: \_\_\_\_\_
print name title signature date signed (yyyy/mm/dd)