



Appendix A2 – Request for Transfer Estimate

You can request a transfer of benefit entitlements into the Management Employees Pension Plan (MEPP) under the Federal Transfer Agreement by submitting an Appendix A2 - Request for Transfer Estimate. Please note that your transfer application must be received by MEPP and by Public Works and Government Services Canada within one (1) year of the date you joined MEPP for it to be valid.

MEPP
5103 Windermere Blvd. SW
Edmonton, AB T6W 0S9
Fax: 780-421-1652

Public Works and Government Services Canada
Government of Canada Pension Centre Mail Facility
150 Dion Blvd, PO Box 8000 Matane, QC G4W 4T6
ATT: Pension Transfer Services Section

Transfer from the Government of Canada to MEPP

PART I: EMPLOYEE INFORMATION (to be completed by the employee)

Form fields for employee information including: member first name, member last name, member previous last name, date of birth, gender, social insurance number, former pension plan ID no., home address, address effective date, city, town, village, etc., province, postal code, email address, primary phone number (Work, Home, Cell, ext.), work phone number (Work, Home, Cell, ext.), name of former employer, Is there a family property order that affects your federal pension?, Pensionable service to be transferred (from date, to date).

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**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
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Edmonton, AB T6W 0S9
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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 A1) (yyyy/mm/dd)

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