

APPENDIX A2—REQUEST FOR TRANSFER ESTIMATE
Transfer from the Royal Canadian Mounted Police Pension Plan to
the British Columbia Public Service Pension Plan

PERSON ID

PART I: EMPLOYEE INFORMATION—British Columbia Public Service Pension Plan *(to be completed by the eligible employee)*

MEMBER LAST NAME	FIRST NAME	SOCIAL INSURANCE NO.	
PREVIOUS LAST NAME, IF DIFFERENT FROM ABOVE	DATE OF BIRTH YYYY-MM-DD	GENDER (M / F)	FORMER PENSION PLAN ID
HOME ADDRESS	ADDRESS EFFECTIVE DATE YYYY-MM-DD	MEMBER EMAIL ADDRESS	
	CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE NO.	WORK TELEPHONE NO.		
NAME OF FORMER EMPLOYER			

Is there a matrimonial property order that affects your federal pension? *(select one)*

NO YES

Period of pensionable service to be transferred

FROM
YYYY-MM-DD

TO
YYYY-MM-DD

PART II: EMPLOYEE'S AUTHORIZATION *(to be completed by the eligible employee)*

I hereby authorize the Government of Canada Pension Centre 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 the British Columbia Public Service Pension Plan 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 provincial and federal legislation.

SIGNATURE

DATE SIGNED
YYYY-MM-DD

Member—a duly signed copy of this Appendix A2 must be returned to each of the following addresses:

Public Services and Procurement Canada
 Government of Canada Pension Centre Mail Facility
 150 Dion Boulevard
 PO Box 8500 Matane, QC G4W 0E2
 ATT: Pension Transfer Services Section

Public Service Pension Plan
 PO Box 9460
 Victoria, BC V8W 9V8

PART III: PENSION PLAN INFORMATION *(to be completed by the British Columbia Pension Corporation)*

NAME OF PRESENT EMPLOYER	CONTRIBUTION START DATE YYYY-MM-DD	DATE OF RECEIPT <i>(Appendix A2)</i> YYYY-MM-DD	CURRENT PENSION PLAN ID
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COMPLETED BY

PRINT NAME

TITLE

SIGNATURE

DATE SIGNED
YYYY-MM-DD

Freedom of Information and Protection of Privacy Act—The personal information on this form is collected under the authority of the *Public Sector Pension Plans Act* and will be used by the BC Pension Corporation to administer a plan member's pension and other non-pension benefits. If you have any questions about the collection and use of this information, contact the privacy officer at PO Box 9460 Victoria BC V8W 9V8 or by telephone at 250-387-1002.