

Appendix A - Transfer Information Request and Authorization Form

Nova Scotia Public Authority Pension Plans Reciprocal Transfer Agreement (DC)

Personal Data

Surname: _____ Given Name and Initials: _____

Previous surname (if applicable): _____

Social Insurance Number: _____

Date of Birth: _____ Gender: M _____ F _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Business Phone: _____ Fax: _____

Current Employer: _____ Province: _____

Address: _____

Former Employer: _____ Province: _____

Address: _____

I hereby request that the Pension Plan Authorities of my current and former employers submit for my consideration two (2) copies of a transfer estimate under the transfer agreement between the Public Authority Pension Plans. All personal information will be handled in a confidential manner, in accordance with the legislation.

Note: My pension benefits have been or are in process of being split because of marriage breakdown:
Yes _____ No _____

Signed this _____ day of _____, 20 _____

Applicant's Signature

Employee: Upon completion, please forward this application to the pension plan administrator of your present employer.