



Appendix A2 – Request for Transfer Estimate

Transfer from the Royal Canadian Mounted Police Pension Plan to the Special Forces Pension Plan (SFPP)

You can request a transfer of benefit entitlements into SFPP by submitting an *Appendix A2 - Request for Transfer Estimate*. Please note that your transfer application must be received by SFPP and by Public Services and Procurement Canada within one (1) year of the date you joined SFPP for it to be valid.

SFPP
5103 Windermere Blvd. SW
Edmonton, AB T6W 0S9

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

PART I: EMPLOYEE INFORMATION *(To be completed by the eligible employee)*

| | | | | | |
|--|--|--|--|---|----------------------------|
| Member First Name | | Member Last Name | | Social Insurance Number | |
| Member Previous Last Name, if different from above | | Date of Birth Y Y Y Y M M D D | | Gender (M/F) | Former Pension Plan ID No. |
| Home Address | | | | Address Effective Date Y Y Y Y M M D D | |
| | | | | Member Email Address | |
| City | | Province | | Postal Code | |
| Home Telephone Number Area Code Telephone Number Ext. | | | Work Telephone Number Area Code Telephone Number Ext. | | |
| Name of Former Employer | | | | | |

Is there a family property order or agreement that affects your federal pension? Yes No

Period of pensionable service to be transferred:

| | |
|--|--|
| From (Date) Y Y Y Y M M D D | To (Date) Y Y Y Y M M D D |
|--|--|



Appendix A2 – Request for Transfer Estimate

PART II: EMPLOYEE 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 SFPP 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:

SFPP
5103 Windermere Blvd. SW
Edmonton, AB T6W 0S9

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

PART III: PENSION PLAN INFORMATION *(To be completed by SFPP)*

Name of Present Employer

Date of Employment with Present Employer

Current Pension Plan ID No.

Date of Receipt (Appendix A2):

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Y | Y | Y | Y | M | M | D | D |
|---|---|---|---|---|---|---|---|

Completed by:

(Print Name and Title)

Signature

Date Signed (YYYY/MM/DD)