



1 Adelaide Street East, Suite 2900
Toronto ON M5C 3A7

REQUEST TO TRANSFER PENSIONABLE SERVICE UNDER A RECIPROCAL TRANSFER AGREEMENT

Telephone: 416-681-6100 Toll-free: 1-800-637-0024
Email: email@optrust.com Website: optrust.com

OPTrust ID or Employee Number

In order to request to transfer your pensionable service from the Government of Canada's pension plan under the *Public Service Superannuation Act* (the PSSA) to the OPSEU Pension Plan, you need to complete Part B of the *Request for Transfer Quotation* (Appendix A2) form on page 2. By signing Appendix A2, you authorize your previous plan's administrator to release your personal pension information to us for the purposes of the transfer.

In order to qualify for a transfer under the terms of the *Reciprocal Transfer Agreement* which exists between the two plans, you must meet the following conditions:

- a. You were a member under the PSSA and have terminated employment under the Act.
- b. You have contributions, other than additional voluntary contributions, standing to your pensionable service in the PSSA.
- c. You are not in receipt of a pension from the PSSA for the most recent period of service under that plan.
- d. You are a member in the OPSEU Pension Plan as of the date you submit Appendix A2 to the administrator of the PSSA.
- e. You must submit Appendix A2 within one year of joining the OPSEU Pension Plan.

If you satisfy all of the above conditions, please complete and return Appendix A2 to OPTrust by mail or through [secure email](#). In addition, please send a copy to your previous plan's administrator at the address on the bottom of the form as soon as possible to ensure you meet the eligibility requirements under the reciprocal agreement.

If you have questions, please contact us at optrust.com or send a email through your [Online Services](#) account.



APPENDIX A2 REQUEST FOR TRANSFER QUOTATION

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A – Employee Information - OPSEU Pension Plan *(to be completed by the OPSEU Administrator)*

Last Name

First Name

Employee Reference Number

Email Address

Date of Birth (Day-Month-Year)

Name of Employer

Date Employment Commenced:

Date of Enrolment in the Pension Plan

Certified Correct by:

Name

Title

Signature

Date (Day-Month-Year)

B – Employee Authorization *(to be completed by the employee)*

Last Name

First Name

Mailing Address

City/Town

Province

Postal Code

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 the Request for Transfer of Service Credits form (APPENDIX B2) while employed and an active contributor under the OPSEU Pension Plan and within the time limits set out in the pension transfer agreement.

Signature

Date (Day-Month-Year)

NOTE: Once Part B has been completed, the Importer should forward this form to:

Public Works & Government Services Canada

Public Service Pension Centre – Mail Facility

PO Box 8000

Matane, QC, G4W 4T6

C – Employee Information - Government of Canada *(to be completed by the Compensation Advisor)*

Name of Department or Agency:

Employee's Superannuation Number:

Date Employment Commenced:

PSSA Contributor Effective:

Date Employment Terminated (Day-Month-Year):

Estimated Transfer Amount:

Calculated as of (Day-Month Year):

Certified Correct by:

Name

Title

Signature

Date (Day-Month-Year)