



Please read the instructions before completing and submitting this form.

1. A **Total Entitlement Estimate** can only be requested by an SFPP member or an individual who is the member's current or former pension partner. If the requestor and their pension partner are both SFPP members, please use the form to indicate whether you are requesting a *Total Entitlement Estimate* for both pension entitlements.

2. Definition of pension partner

Persons are pension partners on any date on which one of the following applies:

(a) they

- (i) are married to each other, and
- (ii) have not been living separate and apart from each other for a continuous period longer than 3 years;

(b) if clause (a) does not apply, they have been living with each other in a marriage-like relationship

- (i) for a continuous period of at least 3 years preceding the date, or
- (ii) of some permanence, if there is a child of the relationship by birth or adoption.

If you are not certain how the definition of pension partner applies to you, please contact the Member Services Centre at 1-877-809-SFPP (7377).

3. To have a copy of the *Total Entitlement Estimate* forwarded to a lawyer, the member or non-member pension partner must complete the **Third Party Disclosure Authorization** found in Section 3 of this form.



Complete this form to request a *Total Entitlement Estimate*, which discloses the value of the member's SFPP pension benefit as at the end date of the period of joint accrual. As required by legislation, the *Total Entitlement Estimate* will be sent to both the member and their pension partner. The completed form can be sent securely online via Document Centre (available by logging in to your secure online account) at sfpp.ca, or by mail or fax to:

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

Section 1: Information

Member Information

member's first name	member's middle name	member's last name	
street address	city	province	postal code
phone number	country		

Pension Partner Information (if applicable)

pension partner's first name	pension partner's middle name	pension partner's last name	
street address	city	province	postal code
phone number	country		

Please indicate whether the individual completing this form is an SFPP member or the current or former pension partner of an SFPP member:

I am completing the *Total Entitlement Estimate Request* as an SFPP member

I am completing the *Total Entitlement Estimate Request* as a non-member pension partner of an SFPP member

I am completing the *Total Entitlement Estimate Request* as an SFPP member and as a pension partner of an SFPP member

I am requesting the *Total Entitlement Estimate* for both myself (the member) and my pension partner indicated above

I am requesting the *Total Entitlement Estimate* for only myself (the member indicated above)

I am requesting the *Total Entitlement Estimate* for only my pension partner indicated above

I do not have a pension partner.

Note: If your partner does not meet the definition of a pension partner but is or was an adult interdependent partner within the meaning of the *Adult Interdependent Relationships Act*, the request for a *Total Entitlement Estimate* must come from the member.



Section 3: Third Party Disclosure Authorization

Complete this section if you consent to having the *Total Entitlement Estimate* or the *Total Entitlement Estimate* and information about the *Total Entitlement Estimate* shared with a lawyer or other party. To authorize disclosure to more than one third party, complete a copy for each third party.

Requesting member or non-member pension partner information

first name

middle name

last name

I authorize (please select one):

the *Total Entitlement Estimate* OR

the *Total Entitlement Estimate* and information about the *Total Entitlement Estimate*

to be disclosed by Alberta Pensions Services Corporation (APS), the pension benefit services administrator of SFPP, in accordance with s 13(1)(c) of the *Protection of Privacy Act*, to:

Third party information

last name

given name(s)

name of firm (if applicable)

street address

city

province

postal code

phone number

I understand that information in the custody and control of APS is protected by the *Protection of Privacy Act*. Once copies of records containing my personal information are provided to the recipient in accordance with this consent form, APS has no control or authority over how the copies of the information are managed, and cannot request information previously provided be destroyed or returned if consent is revoked.

I am aware of the risks and benefits of consenting, or refusing to consent, to the disclosure of this information.

I understand that I may revoke this consent in writing at any time.

A photocopy or facsimile of this consent shall be as valid as the original.

Dated this _____ of _____, _____.
day month year

name of individual making the request (please print)
(must be an SFPP member or non-member pension partner)

signature of individual making the request