

Use this form to apply to begin receiving your SFPP pension. To avoid delays, submit this completed form 90 days before you would like your pension to commence (retirement date). If you are applying for a disability pension, contact your employer or visit www.sfpp.ca to obtain a Disability Retirement Benefits Application Form.

Please complete the information on this form and send it to:
SFPP, c/o Alberta Pensions Services Corporation (APS), 5103 Windermere Blvd. SW, Edmonton, AB T6W 0S9. Fax: 780-421-1652

1. Member Information

member first name _____ member middle name _____ member last name _____

member social insurance number _____

member address _____ member address effective date (YYYY/MM/DD) _____

city, town, village, etc. _____ province _____ postal code _____

country (if outside Canada) _____ phone number _____ ext. _____ country code _____
Work Home Cell (if outside Canada/USA)

Definition of Pension Partner

“Pension Partner” means

- (i) a person who, at the relevant time, was married to a participant or former participant and had not been living separate and apart from him or her for 3 or more consecutive years, or
- (ii) if there is no person to whom subclause (i) applies, a person who, as at and up to the relevant time, had lived with the participant or former participant in a conjugal relationship
 - (A) for a continuous period of at least 3 years, or
 - (B) of some permanence, if there is a child of the relationship by birth or adoption;

Persons are living separate and apart

- (a) if they are living apart and either of them has the intention to live separate and apart from the other, or
- (b) if, before the relevant time,
 - (i) they had been living separate and apart for any period, and
 - (ii) that period was interrupted or terminated by reason only that either of them became incapable of continuing to live separate and apart or of forming or having the intention to continue to live separate and apart of that person’s own volition, and the separation would probably have continued if that person had not become so incapable.

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).

2. According to the definition above, I have a pension partner on the date that I am completing this form - (please check one):

- YES** → If YES, please complete section 3. *Pension Partner Information*
- NO** → If NO, please skip to section 4. *Buyback Service in Pay*

3. Pension Partner Information

_____ pension partner's first name

_____ pension partner's middle name

_____ pension partner's last name

_____ pension partner's date of birth
(YYYY/MM/DD)

_____ marital status (married/common law)

Please check one:
 female male

4. Buyback Service in Pay

If you are currently paying for buyback service, do you plan to complete your buyback payments?

- Yes, I will complete my buyback payments.
- No, I will not complete my buyback payments. Please prorate my service.

If you are currently paying for buyback service, you must complete payment in full within 90 days of your termination date or you will only receive a partial credit of buyback service based on what you paid.

5. Pension Commencement Date

I want my pension to start on:

_____ date (YYYY/MM/DD)

If the date you give is before you stop participating in the Plan, or before SFPP receives your application, your commencement will be adjusted to the closest possible date. We will send you a **Retirement Benefit Statement** with your pension options. This statement will show the commencement date used to calculate those options.

6. Member Authorization

The information on this form is, to the best of my knowledge and belief, complete and accurate.

_____ member's signature

_____ member's name (please print)

This is an official record that must be signed to be valid. Mailing and fax information is at the top of page 1. Keep a copy of the completed form for your records. If you have questions, please contact the Member Services Centre, toll free at 1-877-809-SFPP (7377).

The following section must be completed by your employer unless you are applying for a deferred retirement (meaning you previously left your funds with SFPP).

7. Employer Use Only

_____ employer name

_____ employer number

_____ member's termination date
(YYYY/MM/DD)
(last day paid by employer)

_____ name of authorized person
(please print)

_____ phone number

_____ ext.

_____ signature of authorized person

_____ date (YYYY/MM/DD)