



# Retirement Application Form

The Special Forces Pension Plan (SFPP) encourages submitting your application online. Alternatively, 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 [sfpp.ca](http://sfpp.ca) to obtain a *Disability Retirement Benefits Application Form*.

Please complete the information on this form and send it to:  
SFPP, 5103 Windermere Blvd. SW, Edmonton, AB T6W 0S9 Fax: 780-421-1652

## 1. Member Information

member's first name

member's middle name

member's last name

--	--	--	--	--	--	--	--	--	--

member's social insurance number

member's address

member's address effective date (YYYY/MM/DD)

city, town, village, etc.

province

postal code

country (if outside Canada)

primary phone number  
Work Home Cell

ext.

country code  
(if outside  
Canada/USA)

secondary phone number  
Work Home Cell

## 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 three 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 three 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).

## 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*.



# Retirement Application Form

### 3. Pension Partner Information

_____	_____	_____
pension partner's first name	pension partner's middle name	pension partner's last name
_____	_____	Please check one:
pension partner's date of birth (YYYY/MM/DD)	marital status (married/common law)	female      male

### 4. Buyback Service in Pay

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

Yes, I will complete my payments.

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

N/A

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 pension commencement date will be adjusted to the closest possible date allowed under the rules of the Plan. We will send you a *Retirement Benefit Statement* with your pension options. This statement will show the pension 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).

**If you are participating in SFPP, your employer must complete the following section. If you are no longer participating in SFPP, completion of this section by your former employer is not required.**

### 7. Employer Use Only

_____	_____	_____
employer name	employer number	member's termination date (YYYY/MM/DD) (date member left SFPP employer)
_____	_____	_____
name of authorized person (please print)	phone number	ext.
_____	_____	
signature of authorized person	date (YYYY/MM/DD)	