



NOTICE OF APPEAL FORM

1. APPELLANT

Name:

Last Name

First Name

Address:

Street

City

Province

Postal Code

Telephone:

Home

work

Messages:

e-mail

fax

2. REPRESENTATION

I will represent myself; or

I have a representative. I appoint and authorize _____ as my representative to act on my behalf in this appeal whose contact information follows:

Address:

Street

City

Province

Postal Code

Telephone:

Home

work

Messages:

e-mail

Fax

Signature of person who is appointing
the representative

Date



3. WHAT ARE YOU APPEALING?

Yes No

Date of APS decision _____

Copy of APS decision attached? _____

Issue #1 (The issue must be identified in the APS decision. State the issue, why you are appealing it, what facts support your argument and what you want the Board to do.)	
	Page # of APS decision relating to this issue. _____

Issue #2 (The issue must be identified in the APS decision. State the issue, why you are appealing it, what facts support your argument and what you want the Board to do.)	
	Page # of APS decision relating to this issue. _____

If there are more issues please use an additional page.

4. ADD ANY ADDITIONAL COMMENTS HERE:

5. HEARING

I will be attending the hearing in person **Yes** **No**

If not, select one:

- I am requesting to attend the hearing by phone or other electronic communications.

OR

- I am requesting that the Board conducts a Documentary Hearing. If the Board agrees, I understand my appeal will be reviewed by the Board based solely on the written submissions received from myself and APS.

6. SIGN

Signature

Date**7. FILE APPEAL**

Fax to 780-391-3774, email to Natasha.Martin@sfpp.ca, or mail to:

Special Forces Pension Board
5103 Windermere Blvd. SW
Edmonton, AB T6W 0S9

You will receive a letter from the Board's management team within two weeks after you file your appeal, acknowledging receipt and advising of next steps. Contact Natasha Martin using the email address above or by phone (780-391-2947) if you do not receive an acknowledgement.
