

This form is to apply for service that may be eligible for buyback using a actuarial reserve -based costing. Section I is to be completed by the member. Sections II, III and IV are to be completed by the current employer. The completed form should be sent to SFPP c/o Alberta Pensions Services Corporation (APS), 5103 Windermere Blvd. SW, Edmonton, AB T6W 0S9 or fax it to 780-421-1652. APS will return any incomplete applications to the employer.

Section I) Member Information and Authorization — (completed by the member)

I am a member of the Special Forces Pension Plan (SFPP) and I authorize my employer and former employer/pension plan administrator to supply service and salary information to APS so that the cost of my buyback service can be calculated.

_____ member first name _____ member last name _____ member social insurance number

_____ member address

city, province, postal code

member's former last name, if applicable

The funds related to the service in Section IV below:
 1. Are held in a Registered Retirement Savings Plan (RRSP): YES NO
 2. If YES, are the funds locked-in? YES NO

Please check with your financial institution to determine if you are eligible to transfer your locked-in funds to Alberta where they will be administered under Alberta's *Employment Pension Plans Act*.

Eligible service may require a Past Service Pension Adjustment to be reported to the Canada Revenue Agency for certification once a first payment is received. If your RRSP limit is exceeded, your application for certification may be cancelled.

_____ former positions and/or department _____ service from date (DDMMYYYY) _____ service to date (DDMMYYYY)

Have you been or will you be subject to a matrimonial property order dividing your benefits? (If you have never been legally married, this section does not apply to you.) Yes No

_____ member signature _____ date signed

Section II) Current Employment — (completed by the current employer)

Member's current employment status (check one): Full-time Part-time

1. Full-time:
 Current full-time annual pensionable salary: \$ _____

2. Part-time: (see the example ➡)
 a) Pensionable salary to current date: \$ _____
 b) Credited service to current date: _____
 c) Annualized* pensionable salary (a ÷ b = c) _____
 \$ _____

Example of how to calculate the annualized* pensionable salary:

a) Pensionable salary to current date: \$35,000.00
 b) Credited service to current date: 0.4823yr
 c) \$35,000.00 ÷ 0.4823 = \$72,568.94*

* Adjusted or calculated so as to reflect a rate that is based on a full year.

On behalf of the **current employer**, I confirm the information in section II is accurate.

_____ employer name _____ area code and phone number

_____ signature of authorized person _____ printed name of authorized person _____ date signed

Section III) Pensionable Service/Salary Information — completed by the (check one)

former employer former registered pension plan (RPP) administrator.

type of pension plan (check one)

RPP defined benefit (DB) RPP defined contribution (DC) group RRSP
 deferred profit sharing plan (DPSP) combined DB/DC ratio DB _____% DC _____% other

name of registered pension plan

CRA registration number (if not administered by APS)

Section IV) Year-By-Year Details — completed by the (check one)

former employer former registered pension plan (RPP) administrator.

Report the employee's pensionable salary. For service after 1991, report the full, uncapped pensionable salary even though it may exceed the salary cap for the year.

service year (YYYY)	FT/PT ¹	service from date (DD/MM/YYYY)	service to date (DD/MM/YYYY)	length of pensionable service ²	historical pensionable salary ³ (provide for each year after 1989)	pension adjustment/past service pension adjustment ⁴ (provide for each year after 1989)	reason code ⁵ (APS administered plans only)
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Explanation of table headings
¹ FT = full-time; PT = anything other than full-time
² pensionable service expressed to 4 decimal places for each service period
³ pensionable salary for the length of the service
⁴ pension adjustment reported to CRA for service period
⁵ refer to *Pension e-guide* for explanation for 2A and 9A

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service total

⁵ Reason codes:
1A Reinstatement of service
2A Non-contributory service
2B Class not brought under plan
2C Employer not a participant in plan
5 Married female, opted out of plan
9A Service with non-participating plan, no funds left on deposit

1. Please provide a reason for any of the service coded as 2A above.
2. Does any of the service above include a probationary/waiting period? Yes No
 - a) If yes, provide the dates. _____ (from) _____ (to)
 - b) Was this service credited under your pension plan? Yes No
3. Did an employee/employer relationship exist? (This was not consulting or contract work.) Yes No
4. If teaching or research service, was the service with a university or college in Canada? Yes No
 - a) If yes, was the employee paid for this service? Yes No

Section V) Disposition of Funds — completed by the (check one)

- former employer former registered pension plan (RPP) administrator.

1. Did the employee receive a return of pension contributions on leaving the pension plan? Yes No
 - a) If a refund was issued, please provide the following information:

- i) date the refund was issued: _____
- ii) taxable amount of refund: _____ \$
- iii) amount transferred to an RRSP: _____ \$
- iv) amount of MTV Excess included in the RRSP transfer: _____ \$
- v) amount transferred to a Locked-in Retirement Account (LIRA): _____ \$

2. If the pension plan was a combined DB/DC plan, please provide the breakdown of service:

- a) service credited under DB: _____
- b) service credited under DC: _____

Section VI) Certifications From The Former Employer and/or The Former Pension Plan Administrator

On behalf of the **former employer**, I certify that the above information is accurate.

employer name _____ - _____ - _____
area code and phone number

signature of authorized person _____
printed name of authorized person _____
date signed

On behalf of the **former pension plan administrator**, I certify that the above information is accurate.

RPP name and number _____ - _____ - _____
area code and phone number

signature of authorized person _____
printed name of authorized person _____
date signed

Once **all** the information is complete, please make a copy for your records and forward the completed form to APS at the address shown on the front of the form, or fax it to 780-421-1652.

Please ensure all three pages of this application are completed before it is submitted to APS.