



Application to Transfer Pension Entitlements between SFPP and LAPP

Use this form to apply to transfer your pension entitlement between the Special Forces Pension Plan (SFPP) and LAPP.

Submit the completed form to SFPP and LAPP at the following address:
5103 Windermere Blvd. SW
Edmonton, AB T6W 0S9
Fax: 780-421-1652

1. Member Information

member first name	member middle name	member last name											
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>												previous last name (if applicable)	
social insurance number													
home address		address effective date											
city, town, village, etc.	province	postal code											
<table border="0" style="width: 100%;"> <tr> <td style="width: 25%;">primary phone number</td> <td style="width: 5%;">ext.</td> <td style="width: 25%;">work phone number</td> <td style="width: 5%;">ext.</td> </tr> <tr> <td style="font-size: small;">Work Home Cell</td> <td></td> <td style="font-size: small;">Work Home Cell</td> <td></td> </tr> </table>	primary phone number	ext.	work phone number	ext.	Work Home Cell		Work Home Cell						
primary phone number	ext.	work phone number	ext.										
Work Home Cell		Work Home Cell											

2. Pension Plan Information

importing plan name	date of enrollment in importing plan
exporting plan name	period to be transferred from (yyyy/mm/dd)
	period to be transferred to (yyyy/mm/dd)

Is there a family property order or agreement between you and your pension partner dividing your benefits under the exporting plan?
 yes no not applicable

3. Member Authorization

I certify that I am a member of the importing plan and have ceased to be an active member of the exporting plan.

I request to be provided a transfer estimate under the transfer agreement between these pension plans.

I authorize my current employer to supply salary and service information to the importing plan so that my transfer estimate can be calculated.

I understand that my personal pension information must be exchanged between the pension plans. I consent to the collection and disclosure of the information required by both pension plans for the purpose of processing the transfer. I understand that I will be given an opportunity to decide whether to proceed with completing the transfer after I have been provided with a transfer estimate.

member signature	date (yyyy/mm/dd)
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