

Use this form to apply to transfer your pension entitlement between the Special Forces Pension Plan (SFPP) and the Local Authorities Pension Plan (LAPP). Submit the completed form to SFPP and LAPP c/o APS 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	
_ _ _ _ _ _ _ _ _ _ _ _ _ _		_____		
member social insurance number		previous last name (if applicable)		
_____			_____	
member address			address effective date (YYYY/MM/DD)	
_____		_____	_____	
city, town, village, etc.		province	postal code	
_____		_____	_____	
primary phone number		ext.	secondary phone number	
work <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/>			work <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/>	

2. Pension Plan Information

_____		_____	
importing pension plan		date of enrolment in importing plan	
_____		_____	
exporting plan name		period to be transferred	
		from (YYYY/MM/DD) to (YYYY/MM/DD)	

Is there a Matrimonial Property Order between you and your spouse dividing your benefits under the exporting plan? (If you have never been legally married, this section does not apply to you. Please check "not applicable".)
 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 that APS submit for my consideration a transfer estimate under the transfer agreement between these pension plans.
I authorize my current employer to supply salary and service information to APS 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)	

Personal information on this form is collected under the authority of section 9.2 of the Alberta *Public Sector Pension Plans Act* and section 33 of the Alberta *Freedom of Information and Protection of Privacy Act* for the purpose of maintaining an official and current record of your date of birth. If you have any questions regarding the collection of this information, contact the Member Services Centre (MSC) at 1-877-809-SFPP (7377), or write to SFPP, c/o 5103 Windermere Blvd. SW, Edmonton, AB T6W 0S9.