



## Request for Transfer from a Registered Pension Plan

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Use this form to request to transfer funds from the Special Forces Pension Plan (SFPP). If you are completing this form, a T2151 Direct Transfer of a Single Amount Under Subsection 147(19) or Section 147.3 form is not required.

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. Personal Information

Last name \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_  
Street number and name City Province Postal code Country

\_\_\_\_\_  
Telephone number (area code and number) Social insurance number Date of birth  
YYYY MM DD

Indicate your status:

- ☐ Member of the pension plan.  
☐ Pension partner or beneficiary requesting a transfer following the death of a member.  
☐ Former pension partner of a member of the pension plan requesting a transfer following relationship breakdown.

### 2. Transfer From

Pension plan Special Forces Pension Plan (SFPP) Registration number (Canada Revenue Agency) 0584375

Address 5103 Windermere Blvd. SW Edmonton Alberta T6W 0S9 Canada  
Street number and name City Province Postal code Country

Alberta's pension legislation, *Employment Pension Plans Act* (EPPA), applies to determine the restriction on the access to locked-in funds.

### 3. Non-Locked-In Funds to be Transferred

(to be completed by the member or other person requesting the transfer to a Canadian financial institution)

- ☐ I hereby request a direct transfer of my non-locked funds from SFPP to a Registered Retirement Savings Plan (RRSP).

Name of receiving Canadian financial institution \_\_\_\_\_

Address \_\_\_\_\_  
Street number and name City Province Postal code Country

\_\_\_\_\_  
Telephone number (area code and number) Individual account number

Name of plan and specimen plan number  
approved by the Canada Revenue Agency \_\_\_\_\_

Personal information on this form is collected under the authority of section 39 of Schedule 3 of the Alberta *Joint Governance of Public Sector Pension Plans Act* and section 33 of the Alberta *Freedom of Information and Protection of Privacy Act* for pension administration purposes. If you have any questions regarding the collection of this information, contact the SFPP Member Services Centre at 1-877-809-7377, or write to: 5103 Windermere Blvd. SW, Edmonton, AB T6W 0S9.

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### 4. Locked-In Funds to be Transferred

(to be completed by the member or other person requesting the transfer to a Canadian financial institution)

☐ I hereby request a direct transfer of my locked-in funds from SFPP to a Locked-in Retirement Account (LIRA).

Name of receiving Canadian financial institution \_\_\_\_\_

Address \_\_\_\_\_

Street number and name

City

Province

Postal code

Country

\_\_\_\_\_  
Telephone number (area code and number)

\_\_\_\_\_  
Individual account number

Name of plan and specimen plan number  
approved by the Canada Revenue Agency \_\_\_\_\_

**Before SFPP will transfer the payment of your locked-in funds to a LIRA, please ensure the financial institution is named on Alberta's Superintendent's List of Financial Institutions Offering Locked-in Pension Products. The most recent version of this list is available online at [www.open.alberta.ca/publications](http://www.open.alberta.ca/publications).**

#### Locking-In Acknowledgment by an Authorized Officer

(to be completed by the Canadian financial institution receiving funds only when locked-in funds are to be transferred)

I certify that this financial institution is entitled to offer and issue LIRAs as prescribed under Alberta's EPPA. This financial institution agrees to deposit these funds into a LIRA as set out under the *Employment Pension Plans Regulation*. I acknowledge that these funds must be locked-in and may be released only to provide a lifetime retirement annuity.

Name of receiving Canadian financial institution \_\_\_\_\_

Name of authorized officer \_\_\_\_\_

Signature of receiving Canadian financial institution \_\_\_\_\_

Phone number \_\_\_\_\_ Date \_\_\_\_\_

### 5. Signature (to be completed by the member or other person requesting the transfer)

I authorize to have the benefits indicated in sections 3 and/or 4 transferred out of SFPP. I acknowledge that I am no longer entitled to any benefits under SFPP. I acknowledge that any non-locked funds, if applicable, will be transferred to an RRSP and any locked funds, if applicable, will be transferred to a LIRA at the financial institution indicated on this form. I understand I cannot change my choice once the funds are deposited with the financial institution.

Signature \_\_\_\_\_ Date \_\_\_\_\_