



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

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 Street number and name	Edmonton City	Alberta Province	T6W 0S9 Postal code	Canada Country
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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

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.



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 _____

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.

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** _____