



Request for Transfer from a Registered Pension Plan

SECTION 1 PERSONAL INFORMATION (to be completed by the member or other person requesting the transfer)

Last name _____ First name _____

Address _____
Street number and name Apt. 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 marital breakdown.

SECTION 2 TRANSFER FROM (to be completed by the plan administrator)

Pension Plan name _____ Registration number (Canada Revenue Agency) _____

Plan administrator's name Alberta Pensions Services Corporation (APS)

Plan administrator's address 5103 Windermere BLVD. SW Edmonton Alberta T6W 0S9 Canada
Street number and name City Province Postal code Country

For the transfer of locked-in amounts, the Pension legislation governing the locking-in rules is
Alberta's **Employment Pension Plans Act (EPPA)**.

SECTION 3 TRANSFER TO (to be completed by the member, other person requesting the transfer or the financial institution)

If the amount is locked-in, please complete Section 3A. If the amount is not locked-in, please skip to section 3B.

3A – Locked-in amount to be transferred

I hereby request a direct transfer of my funds from the registered pension plan indicated in section 2.

- Transfer to Locked-in Retirement Account (LIRA)

Name of receiving 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 your pension plan will transfer the payment of your commuted value to your LIRA, they must ensure the financial institution is named on the Superintendent's List of Financial Institutions Offering Locked-in Pension Products. The most recent version of this list is available online at www.finance.alberta.ca/publications/pensions/pdf/suplist1.pdf

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 transferring the funds to a financial institution. If you have any questions regarding the collection of this information, please contact the Member Services Centre at 1-800-358-0840, or please write to the MSC, c/o 5103 Windermere BLVD. SW, Edmonton, AB T6W 0S9.



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3B – Non-locked-in amount to be transferred

I hereby request a direct transfer of my funds from the registered pension plan indicated in section 2.

RRSP

Name of receiving 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 _____

SECTION 4 LOCKING-IN ACKNOWLEDGEMENT BY AN AUTHORIZED OFFICER (to be completed by the financial institution receiving funds only when section 3A has been completed)

I certify that this financial institution is entitled to offer and issue Locked-in Retirement Accounts (LIRA) as prescribed under Alberta's *Employment Pension Plans Act* (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 financial institution _____

Name of authorized officer _____ Phone number _____

Signature of financial institution _____ Date _____

SECTION 5 SIGNATURE (To be completed by the member or other person requesting the transfer)

I authorize to have the benefits indicated in section 3 transferred out of the registered pension plan indicated in section 2. I acknowledge that I am no longer entitled to any benefits under the registered pension plan. I acknowledge that any locked-funds 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 _____