



### **Applying to Transfer**

You can request a transfer of benefit entitlements into or out of the Local Authorities Pension Plan (LAPP) under the National Transfer Agreement by completing and submitting an *Appendix A - Transfer Information Request and Authorization Form* to our administrator, Alberta Pensions Services Corporation (APS). Please note that for transfers into LAPP, your transfer application must be received by APS within one year of the date you joined LAPP for it to be valid.

LAPP c/o APS  
5103 Windermere Blvd. SW  
Edmonton, AB T6W 0S9  
Fax: 780-421-1652

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 a member applying for a transfer of pension entitlements. If you have any questions regarding the collection of this information, please contact the Member Services Centre (MSC) at 1-877-649-LAPP(5277), or write to LAPP, c/o 5103 Windermere Blvd. SW, Edmonton, AB T6W 0S9.

# Appendix A - Transfer Information Request and Authorization Form

## ***Public Service Defined Benefit Pension Plans Reciprocal Transfer Agreement***

### **Personal Data**

Surname: \_\_\_\_\_ Given Name and Initials: \_\_\_\_\_

Previous Surname (if applicable): \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Province: \_\_\_\_\_

Address: \_\_\_\_\_

Former Employer: \_\_\_\_\_ Province: \_\_\_\_\_

Address: \_\_\_\_\_

I hereby request that the Pension Plan Authorities of my current and former employers submit for my consideration two (2) copies of a transfer estimate under the transfer agreement between the Public Service Pension Plans. All personal information will be handled in a confidential manner, in accordance with the legislation.

**Note:** My pension benefits have been or are in the process of being split because of marriage breakdown.

Yes \_\_\_\_\_ No \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_. \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

**Employee:** Upon completion, please forward this application to the pension plan administrator of your present employer.