



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.