Lapp | Local Authorities Pension Plan

Retirement Application Form

LAPP encourages submitting your application online using the retirement application tool in Your Pension Profile. Alternatively, use this form to apply to begin receiving your LAPP pension.
To avoid delays, submit this completed form **90 days before you would like your pension to commence** (retirement date).
If you are applying for a disability pension, contact your employer or visit LAPP.ca
to obtain a *Disability Retirement Benefits Application Form*.

Please complete the information on this form and send it to:
LAPP, 5103 Windermere Blvd. SW, Edmonton, AB T6W 0S9   Fax: 780-421-1652

1.   Member Information

member's first name   member's middle name   member's last name

member's social insurance number

member's address   member's address effective date (YYYY/MM/DD)

city, town, village, etc.   province   postal code

country (if outside Canada)   primary phone number   ext.   country code   secondary phone number
                                        Work   Home   Cell   (if outside   Work   Home   Cell
                                                                                    Canada/USA)

Definition of Pension Partner

Persons are pension partners on any date on which one of the following applies:

(a)   they

  (i)   are married to each other, and

  (ii)   have not been living separate and apart from each other for a continuous period longer than three years;

(b)   if clause (a) does not apply, they have been living with each other in a marriage-like relationship

  (i)   for a continuous period of at least three years preceding the date, or

  (ii)   of some permanence, if there is a child of the relationship by birth or adoption.

If you are not certain how the definition of pension partner applies to you, please contact the Member Services Centre at 1-877-649-5277.

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2.   According to the definition above, I have a pension partner on the date that I am completing this form (please check one):

  YES   → If YES, please complete section *3. Pension Partner Information.*

  NO   → If NO, please skip to section *4. Buyback Service in Pay.*

3. Pension Partner Information

_____
pension partner's first name

_____
pension partner's middle name

_____
pension partner's last name

Please check one:
female   male

_____
pension partner's date of birth (YYYY/MM/DD)

_____
marital status (married/common law)

4. Buyback Service in Pay

If you are currently paying for prior service, do you plan to complete your buyback payments?

Yes, I will complete my payments.

No, I will not complete my payments. Please prorate my service.

N/A

> If you are currently paying for buyback service, you must complete payment in full within 90 days of your termination date or you will only receive a partial credit of buyback service based on what you paid.

5. Pension Commencement Date

I want my pension to start on

_____
date (YYYY/MM/DD)

> If the date you give is before you stop participating in the Plan, or before LAPP receives your application, your pension commencement date will be adjusted to the closest possible date allowed under the rules of the Plan. We will send you a _Retirement Benefit Statement_ with your pension options. This statement will show the pension commencement date used to calculate those options.

6. Member Authorization

The information on this form is, to the best of my knowledge and belief, complete and accurate.

_____
member's signature

_____
member's name (please print)

> **This is an official record that must be signed to be valid.**
> Mailing and fax information is at the top of page 1. Keep a copy of the completed form for your records. If you have questions, please contact the Member Services Centre, toll free at 1-877-649-5277.

If you are participating in LAPP, your employer must complete the following section. If you are no longer participating in LAPP, completion of this section by your former employer is not required.

7. Employer Use Only

_____
employer name

_____
employer number

_____
member's termination date (YYYY/MM/DD)
(last day member participated in the Plan)

_____
name of authorized person
(please print)

_____
phone number

_____
ext.

_____
signature of authorized person

_____
date (YYYY/MM/DD)

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