

Use this form to apply to transfer your pension entitlement into the Local Authorities Pension Plan (LAPP) from the Management Employees Pension Plan (MEPP) or the Public Service Pension Plan (PSPP).
Your transfer application must be received by Alberta Pensions Services Corporation (APS), the pension plan administrator, within one year of the date you joined LAPP for this application to be valid.
Submit the completed form to LAPP c/o APS at the following address:
5103 Windermere Blvd. SW
Edmonton, AB T6W 0S9
Fax: 780-421-1652

1. Member Information

member first name			member middle name			member last name		
<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>			previous last name (if applicable)					
member social insurance number								
member address						address effective date (YYYY/MM/DD)		
city, town, village, etc.				province		postal code		
()				()				
primary phone number				ext.		secondary phone number		
work <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/>						work <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/>		

2. Pension Plan Information

Local Authorities Pension Plan		
importing pension plan		date of enrolment in LAPP
exporting plan name		period to be transferred from (YYYY/MM/DD) to (YYYY/MM/DD)

Is there a Matrimonial Property Order between you and your spouse dividing your benefits under the exporting plan? (If you have never been legally married, this section does not apply to you. Please check "not applicable".)
☐ Yes ☐ No ☐ Not applicable

3. Member Authorization

I certify that I am a member of LAPP and have ceased to be an active member of the exporting plan.

I request that APS submit for my consideration a transfer estimate under the transfer agreement between these pension plans.

I authorize my current employer to supply salary and service information to APS so that my transfer estimate can be calculated.

I understand that my personal pension information must be exchanged between the pension plans. I consent to the collection and disclosure of the information required by both pension plans for the purpose of processing the transfer. I understand that I will be given an opportunity to decide whether to proceed with completing the transfer after I have been provided with a transfer estimate.

member signature	date (YYYY/MM/DD)
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