

Use this form to apply to transfer your pension entitlements between the Local Authorities Pension Plan (LAPP) and the Alberta Teachers' Retirement Fund (ATRF). Your transfer application must be received by each pension plan administrator within one year of the date you joined the importing plan for the application to be valid. Once you have completed the information on this form, please send the original to the ATRF Board and a copy to LAPP at the addresses shown below:

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

ATRF Board
600 Barnett House
11010 142 Street NW
Edmonton, AB T5N 2R1

1. Member Information

_____		_____	_____
member first name		member middle name	member last name
_ _ _ _ _ _ _ _ _ _ _ _ _ _		_____	
member social insurance number		previous last name (if applicable)	
_____		_____	
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

_____	_____
importing plan name	date of enrolment in importing plan
_____	_____
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" and proceed to the next section.) Yes No Not applicable

3. Member Authorization

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

I request that the pension plan administrators of the importing and exporting pension plans submit for my consideration a transfer estimate under the reciprocal transfer agreement between the pension plans.

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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