

You can request a transfer of benefit entitlements into LAPP under the Federal Transfer Agreement by submitting an *Appendix A2 - Request for Transfer Estimate*. Please note that your transfer application must be received by LAPP and by Public Works and Government Services Canada within one (1) year of the date you joined LAPP for it to be valid.

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

Public Works and Government Services Canada
Government of Canada Pension Centre Mail Facility
150 Dion Blvd, PO Box 8000 Matane, QC G4W 4T6
ATT: Pension Transfer Services Section

Transfer from the Government of Canada to LAPP

PART I: EMPLOYEE INFORMATION (to be completed by the employee)

member first name	gender: female	member last name	member previous last name (if applicable)
date of birth (yyyy/mm/dd)	male	social insurance number	former pension plan ID no.
home address	address effective date		
city, town, village, etc.	province	postal code	
email address	primary phone number	ext.	work phone number
	Work Home Cell		Work Home Cell
name of former employer	ext.		
Is there a family property order or agreement that affects your federal pension?		yes	no not applicable
Pensionable service to be transferred:		from date (yyyy/mm/dd)	to date (yyyy/mm/dd)

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PART II: EMPLOYEE AUTHORIZATION (to be completed by the employee)

I hereby authorize the President of the Treasury Board to release the information necessary to produce a transfer estimate, including my social insurance number.

I understand that completion of this document does not constitute a request for transfer. I am aware that, to become eligible for a transfer of funds under the terms of the pension transfer agreement, I must complete form *Appendix B2 - Request for Transfer of Service Credits* while employed and an active contributor under LAPP and within the time limits set out in the pension transfer agreement.

The personal information provided will be treated as confidential and will be disclosed only to those persons authorized to deal with my request in accordance with the applicable Plan rules and federal legislation.

completed by:

print name and title

signature

date signed (yyyy/mm/dd)**Member – A duly signed copy of this *Appendix A2 – Request for Transfer Estimate* must be returned to each of the following addresses:**

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PART III: PENSION PLAN INFORMATION (to be completed by LAPP)

name of present employer

date of employment with present employer

current pension plan ID no.

date of receipt (appendix A1) (yyyy/mm/dd)

completed by:

print name

title

signature

date signed (yyyy/mm/dd)