

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		member last name		member previous last name (if applicable)	
<div> <div>gender:</div> <div>female</div> <div>male</div> </div>		<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>			
date of birth (yyyy/mm/dd)		social insurance number		former pension plan ID no.	
home address				address effective date	
city, town, village, etc.		province		postal code	
email address		<div> <div>primary phone number</div> <div>Work</div> <div>Home</div> <div>Cell</div> </div>		<div> <div>ext.</div> <div>work phone number</div> <div>Work</div> <div>Home</div> <div>Cell</div> <div>ext.</div> </div>	
name of former employer					
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)	

*continued on next page*

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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:**

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

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Government of Canada Pension Centre Mail Facility  
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ATT: Pension Transfer Services Section

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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)