Application to Transfer Pension Entitlements between PSPP and Alberta Teachers' Pension Plans

Use this form to apply to transfer your pension entitlements between Public Service Pension Plan (PSPP) and the Alberta Teachers' Retirement Fund (ATRF). Your transfer application must be received by each pension plan administrator <u>within one year</u> 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 PSPP at the addresses shown below:

PSPP 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
work ☐ home ☐ cell ☐

ext. _____

_____
secondary phone number
work ☐ home ☐ cell ☐

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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ATRF Board and a copy to PSPP at the addresses shown above.**