



Retirement Application Form

The Public Service Pension Plan (PSPP) encourages submitting your application online using the retirement application tool in Your Pension Profile. Alternatively, use this form to apply to begin receiving your PSPP pension. To avoid delays, submit this completed form 90 days before you would like your pension to commence. If you have combined pensionable service (CPS), you will also need to complete an application for the related plan in order to start that pension. If you are applying for a disability pension, contact your employer or visit www.pspp.ca to obtain a *Disability Retirement Benefits Application Form*. Please complete the information on this form and send it to:
 PSPP, 5103 Windermere Blvd. SW, Edmonton, AB T6W 0S9 Fax: 780-421-1652

1. Member Information

| | | | |
|--|--|--|--|
| member's first name | member's middle name | member's last name | |
| | | | |
| member's social insurance number | | | |
| member's address | | member's address effective date (YYYY/MM/DD) | |
| city, town, village, etc. | province | postal code | |
| country (if outside Canada) | primary phone number Work Home Cell | ext. | country code (if outside Canada/USA) |
| secondary phone number Work Home Cell | | | |

Definition of Pension Partner

Persons are pension partners on any date on which one of the following applies:

- (a) they
 - (i) are married to each other, and
 - (ii) have not been living separate and apart from each other for a continuous period longer than three years;
- (b) if clause (a) does not apply, they have been living with each other in a marriage-like relationship
 - (i) for a continuous period of at least three years preceding the date, or
 - (ii) of some permanence, if there is a child of the relationship by birth or adoption.

If you are not certain how the definition of pension partner applies to you, please contact the Member Services Centre at 1-877-453-1PSP (1777).

2. According to the definition above, I have a pension partner on the date that I am completing this form (please check one):

- YES** → If YES, please complete section 3. *Pension Partner Information*.
- NO** → If NO, please skip to section 4. *Service Eligible for Purchase*.



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3. Pension Partner Information

| | | |
|--|-------------------------------------|-----------------------------|
| _____ | _____ | _____ |
| pension partner's first name | pension partner's middle name | pension partner's last name |
| _____ | _____ | Please check one: |
| pension partner's date of birth (YYYY/MM/DD) | marital status (married/common law) | female male |

4. Service Eligible for Purchase

If you are currently paying for prior service, do you plan to complete your buyback payments?

Yes, I will complete my payments.

No, I will not complete my payments. Please prorate my service.

N/A

Please refer to www.pspp.ca for specific guidelines and payment deadlines.

If you were away from work for a period of time, please contact the Member Services Centre about your options for purchasing this service.

5. Pension Commencement Date

I want my pension to start on

_____ date (YYYY/MM/DD)

If the date you give is before you stop participating in the Plan, or before PSPP receives your application, your pension commencement date will be adjusted to the closest possible date allowed under the rules of the Plan. We will send you a *Retirement Benefit Statement* with your pension options. This statement will show the pension commencement date used to calculate those options.

6. Member Authorization

The information on this form is, to the best of my knowledge and belief, complete and accurate.

_____ member's signature

_____ member's name (please print)

This is an official record that must be signed to be valid.
Mailing and fax information is at the top of page 1. Keep a copy of the completed form for your records. If you have questions, please contact the Member Services Centre, toll free at 1-877-453-1PSP (1777).

If you are participating in PSPP, your employer must complete the following section. If you are no longer participating in PSPP, completion of this section by your former employer is not required.

7. Employer Use Only

| | | |
|---|-------------------|--|
| _____ | _____ | _____ |
| employer name | employer number | member's termination date (YYYY/MM/DD) (last day member participated in the Plan) |
| _____ | _____ | _____ |
| name of authorized person (please print) | phone number | ext. |
| _____ | _____ | |
| signature of authorized person | date (YYYY/MM/DD) | |