



Total Entitlement Estimate Request Form

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Please read the instructions before completing and submitting this form.

1. **A *Total Entitlement Estimate* can only be requested by a MEPP member or an individual who is the member's current or former pension partner.** If the requestor and their pension partner are both MEPP members, please use the form to indicate whether you are requesting a *Total Entitlement Estimate* for both pension entitlements.

2. Definition of pension partner

"Pension partner" means

- (iii) a person who, at the relevant time, was married to a participant or former participant and had not been living separate and apart from him or her for 3 or more consecutive years, or
- (iv) if there is no person to whom subclause (i) applies, a person who, as at and up to the relevant time, had lived with the participant or former participant in a conjugal relationship

(A) for a continuous period of at least 3 years, or

(B) of some permanence, if there is a child of the relationship by birth or adoption;

Persons are living separate and apart

(a) if they are living apart and either of them has the intention to live separate and apart from the other, or

(b) if, before the relevant time,

(i) they had been living separate and apart for any period, and

(ii) that period was interrupted or terminated by reason only that either of them became incapable of continuing to live separate and apart or of forming or having the intention to continue to live separate and apart of that person's own volition, and the separation would probably have continued if that person had not become so incapable.

If you are not certain how the definition of pension partner applies to you, please contact the Member Services Centre at 1-877-889-MEPP (6377).

3. To have a copy of the *Total Entitlement Estimate* forwarded to a lawyer, the member or non-member pension partner must complete the **Third Party Disclosure Authorization** found in Section 3 of this form.



Total Entitlement Estimate Request Form

Complete this form to request a *Total Entitlement Estimate*, which discloses the value of the member's MEPP pension benefit as at the end date of the period of joint accrual. As required by legislation, the *Total Entitlement Estimate* will be sent to both the member and their pension partner. The completed form can be sent securely online via Document Centre (available by logging in to Your Pension Profile) at MEPP.ca, or by mail or fax to:

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

Section 1: Information

Member Information

_____		_____		_____	
member's first name		member's middle name		member's last name	
_____		_____		_____	
street address		city		province	
_____		_____		_____	
phone number		country			

Pension Partner Information (if applicable)

_____		_____		_____	
pension partner's first name		pension partner's middle name		pension partner's last name	
_____		_____		_____	
street address		city		province	
_____		_____		_____	
phone number		country			

Please indicate whether the individual completing this form is a MEPP member or the current or former pension partner of a MEPP member:

- I am completing the *Total Entitlement Estimate Request* as a MEPP member
- I am completing the *Total Entitlement Estimate Request* as a non-member pension partner of a MEPP member
- I am completing the *Total Entitlement Estimate Request* as a MEPP member and as a pension partner of a MEPP member
 - I am requesting the *Total Entitlement Estimate* for both myself (the member) and my pension partner indicated above
 - I am requesting the *Total Entitlement Estimate* for only myself (the member indicated above)
 - I am requesting the *Total Entitlement Estimate* for only my pension partner indicated above
- I do not have a pension partner.

Note: If your partner does not meet the definition of a pension partner but is or was an adult interdependent partner within the meaning of the *Adult Interdependent Relationships Act*, the request for a *Total Entitlement Estimate* must come from the member.

Personal information is collected under the authority of the *Public Sector Pension Plans Act*, s 9.2; and the *Protection of Privacy Act*, ss 4(a), (c), for pension administration, member communication and service improvement. Automated systems may be used for internal analytics and decision support. Questions about the collection? Call the Member Services Centre at 1-877-889-6377.



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Section 2: Period of Joint Accrual

The period of joint accrual is normally the period that the individuals were married or living together in a marriage-like relationship. The start date of the period of joint accrual is typically either the date of marriage or the start date of cohabitation, while the end date is typically the date of separation.

Please note that the end date cannot be later than the date of this request. The period of joint accrual utilized for calculating an actual pension division will be the period stipulated in the family property order filed with MEPP.

Start Date of Period of Joint Accrual: End Date of Period of Joint Accrual:

DD / MM / YYYY DD / MM / YYYY

Dated this ___ of ___, _____.
day month year

name of individual making the request (please print) signature of individual making the request
(must be the MEPP member or non-member pension partner)



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Section 3: Third Party Disclosure Authorization

Complete this section if you consent to having the Total Entitlement Estimate or the Total Entitlement Estimate and information about the Total Entitlement Estimate shared with a lawyer or other party. To authorize disclosure to more than one third party, complete a copy for each third party.

Requesting member or non-member pension partner information

first name middle name last name

I authorize (please select one):

the Total Entitlement Estimate OR

the Total Entitlement Estimate and information about the Total Entitlement Estimate

to be disclosed by Alberta Pensions Services Corporation (APS), the pension benefit services administrator of MEPP, in accordance with s 13(1)(c) of the Protection of Privacy Act, to:

Third party information

Form fields for third party information: last name, given name(s), name of firm (if applicable), street address, city, province, postal code, phone number.

I understand that information in the custody and control of APS is protected by the Protection of Privacy Act. Once copies of records containing my personal information are provided to the recipient in accordance with this consent form, APS has no control or authority over how the copies of the information are managed, and cannot request information previously provided be destroyed or returned if consent is revoked.

I am aware of the risks and benefits of consenting, or refusing to consent, to the disclosure of this information. I understand that I may revoke this consent in writing at any time.

A photocopy or facsimile of this consent shall be as valid as the original.

Dated this ___ of ___, ___ . day month year

name of individual making the request (please print) (must be a MEPP member or non-member pension partner)

signature of individual making the request

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