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

Use this form to apply to transfer your pension entitlements between the Management Employees Pension Plan (MEPP) and the Alberta Teachers' Retirement Fund Board (ATRF). Your transfer application must be received by each pension plan within one year 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 ATRF and a copy to MEPP at the addresses shown below:

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

ATRF
600 Barnett House
11010 142 NW
Edmonton, AB T5N 2R1

1. Member Information

member first name _____ member middle name _____ member last name _____

social insurance number _____ previous last name (if applicable) _____

home address _____ address effective date (YYYY/MM/DD) _____

city, town, village, etc. _____ province _____ postal code _____

primary phone number _____ ext. _____ secondary phone number _____

❑ Work ❑ Home ❑ Cell ❑ 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 family property order between you and your pension partner dividing your benefits under the exporting plan?

❑ 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 to be provided a transfer estimate under the reciprocal transfer agreement between these 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) _____

Once you have completed this form, please send the original to ATRF and a copy to MEPP at the addresses shown above.

Personal information on this form is collected under the authority of section 9.2 of the Alberta *Public Sector Pension Plans Act* and section 33 of the Alberta *Freedom of Information and Protection of Privacy Act* for pension administration purposes. If you have any questions regarding the collection of this information, contact the Member Services Centre at 1-877-889-MEPP (6377), or write to: 5103 Windermere Blvd. SW, Edmonton, AB T6W 0S9.