



Retirement Application Form

Use this form to apply to begin receiving your Public Service Management (Closed Membership) Pension Plan(PSM(CM)PP) pension. To avoid delays, submit this completed form **90 days before you would like your pension to commence** (retirement date). If you are applying for a disability pension, contact Alberta Pensions Services Corporation (APS) to obtain a *Disability Retirement Benefits Application Form*.
Please complete the information on this form and send it to:
PSM(CM)PP, c/o APS, 5103 Windermere Blvd. SW, Edmonton, AB T6W 0S9. Fax: 780-421-1652

1. Member Information

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

member social insurance number _____

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

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

country (if outside Canada) _____ phone number _____ ext. _____ country code (if outside Canada/USA) _____
Work Home Cell

Definition of Pension Partner

“Pension Partner” means
(i) a person who, at the relevant time, was married to a participant or former participant and
 (A) was not judicially or otherwise separated from him, or
 (B) if so separated, was wholly or substantially dependent on him,
(ii) if there is no person to whom subclause (i) applies, a person who
 (A) lived with the participant or former participant
 (I) for the 5-year period immediately preceding the relevant time, or
 (II) for the 2-year period immediately preceding the relevant time if there is a child born to that person and the participant or former participant, and
 (B) was, during that period held out by the participant or former participant in the community in which they lived as his consort, or
(iii) if there is no person to whom subclause (i) or (ii) applies, a person who was married to but separated from the participant or former participant and not dependent on him at the relevant time;

If you are not certain how the definition of pension partner applies to you, please contact the Member Services Centre at 1-800-358-0840.

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. *Pension Commencement Date*

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 (c) of the Alberta *Freedom of Information and Protection of Privacy Act* for the primary purpose of a member applying for pension benefits, and may be used to conduct quality assurance surveys. These surveys are administered by APS employees and all personally identifiable information is kept confidential. If you have any questions regarding the collection of this information, contact the Member Services Centre (MSC) at 1-800-358-0840, or write to PSM(CM)PP, c/o 5103 Windermere Blvd. SW, Edmonton, AB T6W 0S9.



Retirement Application Form

3. Pension Partner Information

pension partner's first name

pension partner's middle name

pension partner's last name

pension partner's date of birth
(YYYY/MM/DD)

marital status (married/common law)

Please check one:
 female male

4. 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 PSM(CM)PP receives your application, your commencement will be adjusted to the closest possible date. We will send you a **Retirement Benefit Statement** with your pension options. This statement will show the commencement date used to calculate those options.

5. 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 1-800-358-0840.