



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**. 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 Alberta Pensions Services Corporation (APS),
 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

"Pension partner" means

- (i) a person who, at the relevant time, was married to an officer or former officer, and
 - (A) was not judicially or otherwise separated from him or her, or
 - (B) if so separated, was wholly or substantially dependent on him or her,
- (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*.



Retirement Application Form

page 2 of 2

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 select is before PSM(CM)PP 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.

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.