

Service Record (Actuarial Reserve-based Cost Application)

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Use this form to apply for service that may be eligible for buyback based on the cost of providing the future benefit at actuarial reserve rates. Section I is to be completed by the member. The rest of the form is to be completed as required by the current employer, former employer/pension plan administrator and then returned to the member. The completed form should be sent to Public Service Pension Plan (PSPP) 5103 Windermere Blvd. SW Edmonton, AB T6W 0S9 Fax: 780-421-1652 PSPP will return an incomplete application to the current employer.

| member's first name | memb | er's last i | name | | | | | member's former last name (if applicable) | | | | | |
|--|--|-------------------------------------|---|--|--------------------------------|--|---|--|--|--|--------|--|--|
| member 3 mochanic | | | | - 1 | 1 | 1 | 1 " | | | | | | |
| phone number | memb | er's soci | al insuran | ce numb | ner | | |] | | | | | |
| priorie number | memb | CI 3 3001 | ai ilisuraii | oe nam | JG1 | | | | | | | | |
| member's address | | | city | , provinc | ce | | | postal code | | | | | |
| former positions and/or department | itions and/or department service from | | | | | | | service to date (YYYY/MM/DD) | | | | | |
| Have you been or will you be subject to a far | mily prope | ty orde | er or agı | reeme | nt divid | ding | your b | penefits? | | YES | NO | | |
| The funds related to the service in Section | IV: | | | | | | | | | | | | |
| 1. Are held in a Registered Retirement Sav | ings Plan (| RRSP) |). Y | 'ES | NO | | | | | | | | |
| 0 16 1/00 10 - 6 10 - 10 - 10 - 10 - 10 | | | Y | 'ES | NO | | | | | | | | |
| If YES, are the funds locked-in? Please check with your financial institut where they will be administered under A Eligible service may require a Past Service a first payment is received. If your RRSP lir | Iberta's <i>E</i> Pension A | <i>mployi</i> .djustm | <i>ment P</i> ent to b | ension e repo | <i>n Plan</i> orted to | <i>s Ac</i> the | c <i>t.</i> Cana | ıda Revenı | ue Agency f | | | | |
| Please check with your financial institut where they will be administered under A Eligible service may require a Past Service a first payment is received. If your RRSP lin | Iberta's <i>E</i> Pension A | <i>mploy</i> i djustm eded, y | ment Poent to be cour app | ension e repo | <i>n Plan</i> orted to | <i>s Ac</i> the | c <i>t.</i> Cana | ıda Revenı | ue Agency f | | | | |
| Please check with your financial institut where they will be administered under A Eligible service may require a Past Service a first payment is received. If your RRSP lin | Pension Amit is exceed | mploya djustmeded, y | ent to be cour app | ension pe repo plicatio | n Plan orted to on for c | <i>s Ac</i> the | c <i>t.</i> Cana | ıda Revenı | ue Agency f | | | | |
| Please check with your financial institut where they will be administered under A Eligible service may require a Past Service a first payment is received. If your RRSP lin | Pension Amit is exceed date signed | mploya djustmeded, y | ent to be our app | ension pe repo plicatio | n Plan orted to n for co | s Aco the ertifi | c <i>t.</i> Cana | ada Revenu n may be ca | ue Agency f | | | | |
| Please check with your financial institut where they will be administered under A Eligible service may require a Past Service a first payment is received. If your RRSP lin | Pension Amit is exceed date signed | mploya djustmeded, y | ent to be our app | ension be repolication | n Plan orted to n for co | s Aco the ertifi | ct. Cana cation | ada Revenu n may be ca | ue Agency f | | | | |
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| | | | | | | | | | | | | page 2 or 3 | | | |
|---|---|---|-----------------------------------|---|---------------|--|--|--|---|---|---|--|--|--|--|
| SECTION | III: PE | NSIONABLE SERVIC | E/SALARY INFORM | IATIO | ON - | - cor | nple | eted | by t | he (check one) | | | | | |
| current | employ | ver (prior service) | former employe | er former registe | | | | | | ered pension plan (RPP) administrator | | | | | |
| Type of pe | nsion | plan (check one) | | | | | | | | | | | | | |
| RPP defined benefit (DB) | | | RPP de | RPP defined contribution (DC) | | | | | | | group RRSP | | | | |
| deferred | d profit | sharing plan (DPSP) | combine | ed D | B/D | C ra | tio [| DB | 9 | % DC% | other | | | | |
| name of red | nietoro | d pension plan | | | | | | | | CRA registration n | umber | | | | |
| name or reg | gistorot | u perision pian | | | | | | | | Orta registration in | umber | | | | |
| current Report the | employ employ | EAR-BY-YEAR DETAI yer (prior service) yee's pensionable sala cap for the year. | former employe | r | | fo | orme | | | dministrator pped pensionable sa | lary even though | it may | | | |
| service year (YYYY) FT/PT¹ service from date (YYYY/MM/DD) | | | service to date (YYYY/MM/DD) | length of pensionable service ² (req'd format: 0.0000) | | | | | | historical pensionable salary ³ (provide for each year after 1989) | pension adjustment/ past service pension adjustment ⁴ (provide for each year after 1989) | reason code ⁵ (APS administered plans only) | | | |
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| pensionab for each se pensionab pension ac | me; PT le service ervice p le salar djustme | = anything other than full ce expressed to 4 decima | al places vice rvice period | ser | vice | tota | ∯ al thi | s pa | ge | 2A Non 2B Clas 2C Emp 5A Mar 9A Sen | odes: nstatement of servi -contributory servi ss not brought und- bloyer not a participated female, opted vice with non-particunds left on depos | ce er plan pant in plan out of plan cipating plan, | | | |



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| 1. Please provide a reason for any of the | service coded as 2A. | | | | | | |
|--|--------------------------------|--------------------|------------------|---------------|--------------|----------|-------------|
| 2. Does any of the service include a prob | pationary/waiting period? | | | | Yes | | No |
| a) If yes, provide the dates. | | | (from) | | (to) | | |
| b) Was this service credited und | der your pension plan? | | | | – Yes | | No |
| 3. Did an employee/employer relationshi | p exist? (This was not cons | ulting or contract | work.) | | Yes | | No |
| 4. If teaching or research service, was th | e service with a university of | or college in Cana | nda? | | Yes | | No |
| a) If yes, was the employee pai | d for this service? | | | | Yes | | No |
| SECTION V: DISPOSITION OF FUNDS | S - completed by the (che | ck one) | | | | | |
| current employer (prior service) | former employer | former RPP | administrator | | | | |
| 1. Did the employee receive a return of p | ension contributions on lea | ving the pension | plan? | | | Yes | No |
| a) If a refund was issued, pleas | e provide the following infor | rmation: | | | | | |
| i) date the refund was issued | : | | | | | | |
| ii) taxable amount of refund: | | | | \$ | | | |
| iii) amount transferred to an l | RRSP: | | | \$ | | | |
| iv) amount of maximum trans | sfer value excess included i | n the RRSP trans | sfer: | \$ | | | |
| v) amount transferred to a Lo | \$ | | | | | | |
| 2. If the pension plan was a combined D | B/DC plan, please provide t | the breakdown of | service: | | , | | |
| a) service credited under DB: | | | | | | | |
| b) service credited under DC: | | | | | | | |
| | | | | | | | |
| SECTION VI: CERTIFICATIONS FROM | THE FORMER EMPLOYE | R AND/OR THE | FORMER PEN | ISION PL | AN ADMIN | NISTRA | TOR |
| On behalf of the former employer , I cer | tify that the above informati | on is accurate. | | | | | |
| | | | 1 1 1 | Li | i 1 | 1 1 | ı I |
| employer name | | | telephone numl | or (area co | do and numbe |)r) | |
| employer name | | | telephone num | Dei (alea coi | de and numbe | ;i) | |
| signature of authorized person | printed name of autho | prized person | | date signe | d (YYYY/MM/I | DD) | |
| On behalf of the former pension plan a | dministrator, I certify that t | he above informa | tion is accurat | e. | | | |
| | | | 1 1 1 | 1 1 | i 1 | 1 1 | 1 1 |
| RPP name and number | | | telephone numl | per (area co | de and numbe | | |
| | | | | | | | |
| signature of authorized person | printed name of autho | prized person | | date signe | d (YYYY/MM/I | DD) | <u> </u> |
| Once <u>all</u> the information is complete, please r the form, or fax it to 780-421-1652. | nake a copy for your records a | nd forward the com | pleted form to P | SPP at the | address sh | own on t | he front of |

Personal information on this form is collected under the authority of section 40 of Schedule 2 of the Alberta *Joint Governance of 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 PSPP Member Services Centre at 1-877-453-1PSP (1777), or write to: 5103 Windermere Blvd. SW, Edmonton, AB T6W 0S9.

Please ensure all three pages of this application are completed before it is submitted to PSPP.