Service Record
(Actuarial Reserve-based Cost Application)

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. PSPP will return an incomplete application to the party whose section is incomplete.

Submit the completed form securely online via Document Centre (available by logging into Your Pension Profile) at pspp.ca, or by mail to: PSPP, 5103 Windermere Blvd. SW, Edmonton, AB T6W 0S9

SECTION ONE: MEMBER INFORMATION AND AUTHORIZATION (completed by the member)

I am a member of PSPP and I authorize my employer and former employer/pension plan administrator to supply service and salary information to PSPP so that the cost of my buyback service can be calculated.

member's first name _____ member's last name _____ member's former last name (if applicable) _____

telephone number (area code and number) _____ member's social insurance number _____

member's address _____ city _____ province _____ postal code _____

former position and/or department _____ service from date (MM/DD/YYYY) _____ service to date (MM/DD/YYYY) _____

Have you been or will you be subject to a family property order or agreement dividing your benefits? ☐ **Yes** ☐ **No**

The funds related to the service in Section Three:

1. Are held in a Registered Retirement Savings Plan (RRSP). ☐ **Yes** ☐ **No**
2. If YES, are the funds locked-in? ☐ **Yes** ☐ **No**

Please check with your financial institution to determine if you are eligible to transfer your locked-in funds to Alberta where they will be administered under Alberta's Employment Pension Plans Act.

Eligible service may require a Past Service Pension Adjustment to be reported to the Canada Revenue Agency (CRA) for certification once a first payment is received. If your RRSP limit is exceeded, your application for certification may be cancelled.

To proceed with this application, confirmation of your date of birth is required. Please attach a copy of your Birth Certificate, Canadian Passport, Driver's License, or Canadian Citizenship document to this form or upload a copy to your secure online access in the Plan website.

member signature _____ date signed (MM/DD/YYYY) _____

SECTION TWO PART ONE: CURRENT EMPLOYMENT (completed by the current employer)

Member's current employment status (check one): ☐ **Full-time** ☐ **Part-time**

1 Full-time:

Current full-time annual pensionable salary: $ _____

2 Part-time: (see the examples)

a) Pensionable salary to current date: $ _____

b) Credited service to current date: _____

c) Annualized * pensionable salary (a ÷ b = c) $ _____

Example of how to calculate the annualized* pensionable salary:

c) Pensionable salary to current date: $35,000.00

d) Credited service to current date: 0.4823 yr

e) $35,000.00 ÷ 0.4823 = $72,568.94*

Adjusted or calculated so as to reflect a rate that is based on a full year.

Personal information is collected under the authority of the Joint Governance of Public Sector Pension Plans Act, Sch 2, s 40; and the Protection of Privacy Act, ss 4(a), (c) for pension administration, member communication and service improvement. SINs may be used for verification purposes. Automated systems may be used for internal analytics and decision support. Questions about the collection? Call the Member Services Centre at 1-877-453-1777.

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SECTION TWO PART TWO: CURRENT EMPLOYMENT CONT'D (completed by the current employer)

On behalf of the **current employer**, I confirm the information in Section Two is accurate.

employer name

telephone number (area code and number)

signature of authorized person

printed name of authorized person

date signed (MM/DD/YYYY)

SECTION THREE: PENSIONABLE SERVICE/SALARY INFORMATION

Year-By-Year Details

☐ current employer (prior service) ☐ former employer ☐ former RPP administrator

Type of Pension (check one)

☐ RPP defined benefit (DB) ☐ RPP defined contribution (DC) ☐ group RRSP

☐ deferred profit sharing plan (DPSP) ☐ combined DB/DC ratio DB ____% DC ____% ☐ other

name of registered pension plan

CRA registration number

Report the employee's pensionable salary. For service after 1991, report the full, uncapped pensionable salary even though it may exceed the salary cap for the year.

Explanation of table headings:

FT = full-time; **PT** = anything other than full-time*

1. pensionable service expressed to 4 decimal places for each service period
2. pensionable salary for the length of the service
3. pension adjustment reported to the CRA for service period
4. refer to the PSPP Employer Hub for explanation for reason code 2A and 9A

5. **reason codes:**

1A	Reinstatement of service
2A	- Non-contributory service - Class not brought under plan - Married female, opted out of plan
2C	Employer not a participant in plan
9A	Service with non-participating plan, no funds left on deposit

#	**service year** (YYYY)	**FT/ PT**[1]	**service from date** (MM/DD/YYYY)	**service to date** (MM/DD/YYYY)	**length of pensionable service**[2] (req'd format: 0.0000)	**historical pensionable salary**[3] (provided for each year after 1989)	**pension adj's/ past service pension adj**[4] (applicable to 1A and 9A costing types only, provide for each year after 1989)	**reason code**[6]
1					.			
2					.			
3					.			
4					.			
5					.			
6					.			
7					.			

service total this page

* FT/PT status should be reported for each period of time requested for costing. If the member was in a PT position for a portion of the period of time requested for costing, that period of time should be reported as PT status.

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SECTION FOUR: PENSIONABLE SERVICE/SALARY INFORMATION CONT'D

a) Was the member employed in a position with a functional year/base of less than 12 months (e.g. school employees with a service base of 10 months)?

☐ **Yes** ☐ **No**

If Yes provide **start date** and **end date** of each **service year** listed in Section Three:

#	**service from date** (MM/DD/YYYY)	**service to date** (MM/DD/YYYY)
1		
2		
3		
4		
5		
6		
7		

b) Was the employee in an hourly position?

☐ **Yes** ☐ **No**

If Yes, please provide the following information for each **service year** listed in Section Three:

#	**hours worked**	**FT annual hours base for the employee's position**
1		
2		
3		
4		
5		
6		
7		

c) If the employee was in a part-time position, did the employee work additional shifts above their part-time schedule?

☐ **Yes** ☐ **No**

d) If a significant (+/- 25%) year-over-year variance in annualized salary occurred, provide details:

1. Please provide a reason for any of the service coded as 2A: _____

2. Does any of the service include a probationary/waiting period? ☐ **Yes** ☐ **No**

   a) If yes, provide the dates:

   _____ service from date (MM/DD/YYYY)

   _____ service to date (MM/DD/YYYY)

   b) Was this service credited under your pension plan? ☐ **Yes** ☐ **No**

3. Did an employee/employer relationship exist? (This was not consulting or contract work) ☐ **Yes** ☐ **No**

4. If teaching or research service, was the service with a university or college in Canada? ☐ **Yes** ☐ **No**

   a) If yes, was the employee paid for this service? ☐ **Yes** ☐ **No**

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SECTION FIVE: DISPOSITION OF FUNDS completed by the (check one)

☐ current employer (prior service) ☐ former employer ☐ former RPP administrator

1. Did the employee receive a return of pension contributions on leaving the pension plan? ☐ **Yes** ☐ **No**

a) If a refund was issued, please provide the following information:

i) date the refund was issued: _____ date (MM/DD/YYYY)

ii) taxable amount of refund: $ _____

iii) amount transferred to an RRSP: $ _____

iv) amount of maximum transfer value excess included in the RRSP transfer: $ _____

v) amount transferred to a Locked-in Retirement Account (LIRA): $ _____

2. If the pension plan was a combined DB/DC plan, please provide the breakdown of service:

a) service credited under DB: _____

b) service credited under DC: _____

SECTION SIX: CERTIFICATIONS FROM THE FORMER EMPLOYER AND/OR THE FORMER PENSION PLAN ADMINISTRATOR

On behalf of the **former employer**, I certify that the above information is accurate.

_____ employer name

_____ telephone number (area code and number)

_____ signature of authorized person

_____ printed name of authorized person

_____ date signed (MM/DD/YYYY)

On behalf of the **former pension plan administrator**, I certify that the above information is accurate.

_____ RPP name and number

_____ telephone number (area code and number)

_____ signature of authorized person

_____ printed name of authorized person

_____ date signed (MM/DD/YYYY)

Once completed, please make a copy for your records, and forward to the member:

- The member must send the completed form to PSPP via the Document Centre (available by logging into **Your Pension Profile**) or by mail.

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

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