



Retirement Application Form

Use this form to apply to begin receiving your Provincial Judges and Applications Judges Registered and Unregistered Pension Plans (Judges Pension Plan) 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:

Judges Pension Plan, 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			ext.	country code	secondary phone number		
			Work	Home	Cell		(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 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, as at and up to the relevant time, had lived with the participant or former participant in a conjugal relationship
 - (A) for a continuous period of at least 3 years, or
 - (B) of some permanence, if there is a child of the relationship by birth or adoption,
 and was, during that period or that relationship, as the case may be, held out by the participant or former participant in the community in which they lived as being in that conjugal relationship, 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 wholly or substantially dependent on him or her 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*.



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3. Pension Partner Information

_____	_____	_____
pension partner's first name	pension partner's middle name	pension partner's last name
_____	_____	Please check one:
pension partner's date of birth (YYYY/MM/DD)	marital status (married/common law)	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 the Judges Pension Plan 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.

If you are participating in the Judges Pension Plan, your employer must complete the following section. If you are no longer participating completion of this section by your former employer is not required.

6. Employer Use Only

_____	_____	_____
employer name	employer number	member's termination date (YYYY/MM/DD) (last day member participated in the Plan)
_____	_____	_____
name of authorized person (please print)	phone number	ext.
_____	_____	
signature of authorized person	date (YYYY/MM/DD)	