



Request for Former Member's Service Record

(Please Print Clearly)

Completed by Member		
Surname _____	Given Name & Initial(s) _____	
Employer _____	Employee Number _____	
Address _____		
Number, Street	City, Province	Postal Code
Former Name (if applicable) _____	Phone Number () _____	
Former Position / Department / Employee Number _____	Service From Date (DD/MM/YYYY) ____/____/____	Service To Date (DD/MM/YYYY) ____/____/____
Member Authorization		
I am currently contributing to the Universities Academic Pension Plan and can increase my pensionable service by applying to buy service with other public bodies. Please provide the information requested below and return this form to me at the above address.		
Date _____	Member's Signature _____	

Completed by Former Employer	
Salary and Service Record	
Please complete the service and salary record on the reverse side of this form.	
Please v the appropriate boxes:	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/> Did an employee/employer relationship (as opposed to a consulting or contract relationship) exist?
<input type="checkbox"/>	<input type="checkbox"/> If teaching or research, was the service with a university or college in Canada?
<input type="checkbox"/>	<input type="checkbox"/> If yes, was the employee paid for performing the service?
If the employee was a member of a registered pension plan (RPP), complete the following:	
<input type="checkbox"/>	<input type="checkbox"/> Is the employee entitled to receive a pension benefit in respect of his/her service?
<input type="checkbox"/>	<input type="checkbox"/> Did the employee receive a refund of pension benefits on leaving the pension plan?
If yes, state the total amount that was transferred to the employee's registered retirement savings plan (RRSP) and/or locked-in retirement account (LIRA). \$_____	
Former Employer Name: _____	Contact Number: () _____
I certify that the information given on this form, including the information on the reverse side, is accurate and complete.	
Name (please print) _____	
Date _____	Authorized Signature _____

Note: Upon receipt of the completed form from your former employer, please forward it The Universities Academic Pension Plan (UAPP) (#1850, 10303 Jasper Avenue, Edmonton, AB T5J 3N6) for further processing.
 This personal information is being collected under the authority of the *Employment Pension Plans Act* and will be used for the purpose of administering your pension benefits. It is protected as per the provisions of the *Freedom of Information and Protection of Privacy Act*.

