

Use this form to apply to buy service for time worked with an employer before they joined the Municipal Pension Plan.

Plan member instructions

1. Complete Part A.
2. Send the application to your employer.
3. Upload valid proof of age at **myaccount.pensionsbc.ca > My profile > Personal information**.

What happens next

- Your employer completes Part B and sends the application to the plan.
- You will receive an email notification when your *Statement of Cost* is ready in My Account Message Centre. The statement includes the cost to buy, payment due date, and payment options.
- If you are re-applying or requesting an updated cost, you may not need to submit a new application. To learn more go to **mpp.pensionsbc.ca/buying-past-service**.

Important considerations

- If you decide to proceed after receiving your Statement of Cost and you contributed to another registered pension plan during the period you want to buy, you must end your membership in that plan and use those funds to buy the service.

PART A—Plan member

LAST NAME		FIRST NAME AND INITIAL (if any)		PERSON ID
ADDRESS (include unit number if applicable)				
CITY			PROVINCE	POSTAL CODE
DATE OF BIRTH YYYY-MM-DD	PHONE NUMBER	EMAIL		

Purchase information

NAME OF EMPLOYER		PAST SERVICE EMPLOYMENT (YYYY-MM-DD) START DATE		END DATE
Enter an amount you're considering using to buy service. This helps estimate how a partial purchase may increase your pension. \$		Did you contribute to a registered pension plan during this period? (Not including Canada Pension Plan.) ☐ NO ☐ YES - Complete Former pension plan information.		

Former pension plan information

Complete this section if you contributed to a registered pension plan during the past service period.

NAME OF REGISTERED PENSION PLAN		Registered pension plan type ☐ DEFINED BENEFIT (DB) PLAN ☐ HYBRID PLAN ☐ DEFINED CONTRIBUTION (DC) PLAN ☐ SPECIFIED MULTI-EMPLOYER PLAN			
Select the status that applies to you: ☐ ACTIVE (benefit remains in the plan) ☐ RECEIVING PENSION (monthly payment) ☐ TERMINATED (membership ended and benefit removed)		For TERMINATED defined benefit (DB) plans: Provide TERMINATION DATE and the TOTAL VALUE paid-out, and what amount was LOCKED-IN and/or CASH. TERMINATION DATE YYYY-MM-DD TOTAL VALUE CASH PORTION LOCKED-IN PORTION			

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