



Termination Options

PSSP Liquor Board Workers' Compensation STC Anti-TB PCSP

SECTION A: TO BE COMPLETED BY THE MEMBER (Please print)

Social Insurance Number	Last Name	First Name and Initial	
Mailing Address		City	Province Postal Code
Termination Date (day/month/year)	Phone Number(s) Home Business	E-mail Address	

SECTION B: TERMINATION OPTION SETTLEMENT

I hereby apply for a refund of contributions and accrued interest in accordance with the provisions of the legislation governing the plan of which I am a member to be paid in the following manner: (select one)

- Lump-sum cash payment, subject to withholding tax (a T4A will be issued);
- Transfer to a Registered Pension Plan (RPP) or Registered Retirement Savings Plan (RRSP)*;
- Withdraw \$ _____ in cash and transfer the balance to an RPP or RRSP*; or
- Transfer \$ _____ to an RPP or RRSP*.

* Please complete a T2151 form and forward it with this letter.

OR

- I elect a deferred Pension payable under this Plan.

I acknowledge receipt of a Termination Option Settlement letter from PEBA regarding the benefits to which I am entitled due to terminating my employment.

If I elect a deferred pension, I will be entitled to a pension payable at some future date and it will be my responsibility to contact PEBA at the time I wish to commence pension payments. I also understand that I may elect other optional pensions at the time I retire, if I so desire and that the Plan will provide me with the optional benefit amounts at that time.

With my signature I certify that I do not have a legal or common-law spouse other than that shown above.

I hereby elect the option indicated above, which represents a discharge of my benefit entitlement as an active employee under the Plan.

Signature of Member

Date (day/month/year)

SECTION C: EMPLOYER AND TERMINATION INFORMATION

Member's Termination Date/Last Day Paid	Salary or Rate of Pay at Termination (specify period)	Employee Title
Last Contribution Date (day/month/year)	Outstanding Contributions (amount and period)	Date and Amount of Final Deduction
Final Three Months Salary-By month		
Department	Department Contact	
Department Address	City	Province Postal Code
Department Contact's Phone Number	Department Contact's E-mail Address	
Signature of Employer	Date (day/month/year)	

Comments and Instructions

Employees

Fill out Sections A and B. If the Plan has indicated that your employer must fill out Section C, have them do so. Sign and submit the completed form to the Plan at the address below.

Employers

If the member has provided you the form, fill out and sign Section C and have the member submit the form to the Plan. If the Plan has provided you the form, fill out Section C, and the name, social insurance number and employee title of the member in Section A. Sign and submit the completed form to the Plan at the address below.

For more information please contact:

Public Service Superannuation Plan (PSSP)
c/o Public Employees Benefits Agency (PEBA)
1000 - 1801 Hamilton Street
REGINA SK S4P 4W3
Phone: 787-3988
Website: www.peba.gov.sk.ca