

Application for Pension Benefits

To Be Completed By Member - Please Print

Social Insurance Number:

Date of Birth:

Last Name:

Spouse's Name:

First Name & Initial:

Spouse's Date of Birth:

Current Address:

City:

Province:

Postal Code:

Email Address:

Phone Number:

Retirement Election

Last day of employment:

(Termination Date)

I wish to elect optional retirement effective
(1st day of the following month)

I wish to elect deferred retirement effective

Survivor Benefit and Guarantee Period Options

Single Life Pension (to be completed if you have no spouse)

I do not have a legal or common-law spouse

Signature of Member

Date (day/month/year)

0 years

5 years

10 years

15 years

Guaranteed Life Options (choose 1)

Joint Life Pension (required if you have a spouse)

Survivor Benefit & Gurantee Period Options (chooose 1)

0 years

5 years

10 years

15 years

100% of payment

75% of payment

60% of payment

Direct Deposit Authorization

Attach a void cheque or a bank confirmation form downloaded from your financial institution.

Signature of Member

Date (day/month/year)