

EMPLOYER/PLAN SPONSOR INFORMATION

Name of employer/plan sponsor

Policy/plan number

MEMBER INFORMATION (please print)

Last name

Initial

First name

Certificate / Social insurance number

Home telephone number

() -

Daytime / alternate telephone number

() -

Member's home address (street address, city, province and postal code)

TERMINATION DETAILS

Effective date of member termination: _____

Reason for termination:

- Termination of employment
 Retirement

Spouse's name: _____

Spouse's date of birth: _____

- Other

Notification of Death:

- Date of Death: _____

Contribution information:

- All contributions for the member have been sent in.

- The final contribution for the member will be sent in on _____
in the amount of \$ _____.

Have all contributions made on behalf of this employee been in respect of salary earned on a Reserve?

- No Yes – if yes and employee is Status Indian, provide 10 digit Indian Registry No. _____

Special note for **Deferred Profit Sharing Plans**. The DPSP pension credit used to calculate the employee's PA in the year of termination cannot be more than the lesser of 18% of the employee's compensation and 50% of the money purchase contribution limit, in the year of termination. If allocations in the year of termination exceed this limit, you must request a refund of the excess contribution amount.

SPECIAL INSTRUCTIONS

EMPLOYER/PLAN SPONSOR SIGNATURE

I verify that the above information is correct. Please contact the member regarding options available under the above policy/plan number.

Date

Signature of employer/plan sponsor by authorized person.