



## Multi-Sector Pension Plan

105 Commerce Valley Drive West, Suite 310, Thornhill, ON L3T 7W3

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### **RETRO PAYMENT INFORMATION FORM**

(TO BE COMPLETED BY EMPLOYER)

EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE NUMBER: \_\_\_\_\_

START DATE: \_\_\_\_\_

END DATE: \_\_\_\_\_

PENSIONABLE EARNINGS: \_\_\_\_\_

CONTRIBUTION AMOUNT: \_\_\_\_\_

DATE TO BE PAID: \_\_\_\_\_

REASON FOR RETRO: \_\_\_\_\_

Please note that the employer portion of the retro payment is due immediately.  
The employee has the option to contribute his/her portion of the retro payment.

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EMPLOYER NAME: \_\_\_\_\_

AUTHORIZED SIGNATURE OF EMPLOYER: \_\_\_\_\_

NAME & TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_