

**Proof of Pension Claim Form
Relating to the
Eaton Retirement Annuity Plan (“ERAP”)**

Please read carefully the enclosed Guide to Completing Your Proof of Pension Claim Form (“Guide”) and complete the Pension Claim Checklist before completing this form.

PART I: PERSONAL INFORMATION

1. Last name (current): _____
2. First name: _____
3. Last name while member of ERAP (if different from above): _____

4. Date of Birth: _____
5. Gender: Male or Female
6. Social Insurance Number: _____
7. Current address:
Street number and name: _____

Suite/Apartment number: _____
City/Province: _____
Postal code/Country: _____
8. Telephone number: _____
9. E-mail address: _____

**PART I A: PERSONAL INFORMATION OF SURVIVING SPOUSE OR
BENEFICIARY COMPLETING THIS CLAIM FORM**

1. Last name (current): _____
2. First name: _____
3. Relationship to Member: _____

4. Date of Birth: _____
5. Gender: Male or Female
6. Social Insurance Number: _____
7. Current address:
Street number and name: _____

Suite/Apartment number: _____
City/Province: _____
Postal code/Country: _____
8. Telephone number: _____
9. E-mail address: _____
10. Date of Marriage/Date cohabitation commenced: _____
11. Date of Death of Member: _____

PART II: EMPLOYMENT HISTORY AND PLAN MEMBERSHIP

Please provide the information requested below. You must attach the documentation referred to in the Guide to support your plan membership.

Employment History

Please attach a separately completed Employment History section for each employer:

1. Name of employer: _____

2. Date of hire (mm/dd/yyyy): _____
3. Date of termination of employment (mm/dd/yyyy): _____
4. Province of employment: _____
5. Store location (City/Town): _____
6. Employment status:
Part time employee: N/A , OR provide dates below
From: _____ To: _____
Full time employee: N/A , OR provide dates below
From: _____ To: _____
7. Type of employment: Hourly paid employee, OR Salaried employee

Plan Membership

Date you joined ERAP: _____

Date you terminated your membership in ERAP: _____

PART III: PENSION BENEFIT CLAIM

Please complete the certification in this section. You must provide the documentation referred to in the Guide to support your claim.

I, _____
(Full legal name)

of _____ do hereby certify:
(City and Province)

THAT I am/was a member of the Eaton Retirement Annuity Plan or Eaton Retirement Annuity Plan (1985), or I am the surviving spouse or beneficiary of the member and I am making this certification in that capacity;

THAT on termination of my employment with the employer(s) identified in Part II of this form; I was entitled to receive a pension benefit from ERAP;

THAT I (check (√) one)

- have never received a payment from the Eaton Retirement Annuity Plan or any other Eaton’s Companies pension plan in respect of the pension benefits I am entitled to on the termination of my employment with the employer(s) identified in Part II of this form; IF CHECKED, PROCEED TO THE NEXT PAGE OF FORM.

OR

- have received a partial payment from the Eaton Retirement Annuity Plan in respect of the pension benefits I am entitled to on the termination of my employment with the employer(s) identified in Part II of this form, details of which are set out below

Payment details (check (√) all that apply):

- Cash
Payment date: _____ Payment amount: _____

- Transfer to Registered Retirement Savings Plan (RRSP)
Payment date: _____ Payment amount: _____

- Transfer to Locked-In Retirement Account (LIRA), Life Income Fund (LIF) or Locked in Retirement Income Fund (LRIF)
Payment date: _____ Payment amount: _____

Transfer to Locked in RRSP
Payment date: _____ Payment amount: _____

Transfer another Registered Pension Plan
Payment date: _____ Payment amount: _____

THAT the Eaton Retirement Annuity Plan was and still is responsible for the following amounts:

Claim details (check (√) all that apply):

Return of employee compulsory contributions with interest in the amount of _____ determined as at _____ (date)

Return of employee voluntary contributions with interest in the amount of _____ determined as at _____ (date)

Monthly vested pension in the amount of \$ _____ payable commencing on _____ (retirement date).

THAT to the best of my knowledge, the information set out in this claim is correct.

THAT I have not knowingly provided false or misleading information in this Proof of Pension Claim Form and I acknowledge that doing so may be an offence.

THAT I understand that by signing this form I agree the Administrator may collect and retain personal information relating to my employment with the employers identified in Part II and my membership in ERAP in the plan records for the purpose of determining what pension benefits I may be entitled to, if any.

THAT I further understand that by signing this form I agree the Administrator may use and transmit my personal information where necessary to facilitate and process my claim.

Dated at _____ this _____ day of _____, 200__.
(city/province) (day) (month) (yr)

Signature of claimant